

**ACH Deposit Authorization Form**

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| Business Authorized to Credit Account: |

*Landmark Healthplan of CA.*

**Authorized Business Name**

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| Account Holder Information: |

**Account Holder Name (Business Name)**

**Account Holder Address City State Zip**

**Email Confirmation to:**

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| Account Holder’s Bank Information: |

**Account Holder’s Bank Name:**

**Please CONFIRM with your bank what numbers to use for an ACH deposit.**

**How to find your Routing and Account Numbers on a check:**

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* **Savings**
* **Checking**

**Bank Routing Number (9 Digits)**

**Bank Account Number:**

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| --- |
| Authorization: |

**Name/Title of Account Holder**

**Signature of Account Holder Date**