

**Town of Henrietta  
ACH Transfer Payments Authorization Form**

**Bank Information**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Title \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Bank Contact Phone # \_\_\_\_\_

**Contact for ACH Transfer Payments**

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Authorization Signature \_\_\_\_\_

**Additional Contact(s) for ACH Payments (Optional)**

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please return your ACH Transfer Payment Authorization Form with a voided check to Jennifer Miranda via email at [jmiranda@henrietta.org](mailto:jmiranda@henrietta.org). Any questions or issues, please contact Jennifer at the above listed email or by phone at (585) 359-7073.