

E-CHECK FORM

CUSTOMER ACCOUNT	NAME
CUSTOMER ACCOUNT	#
INVOICE#(S)(If	paying for more than one invoice please list every invoice number)
	G PAID
BANK INFORMATION	
BANK NAME	
TRANS #(9 DIDGIT)	
BANK ACCOUNT #	
NAME OF PERSON MA	KING PAYMENT
DATE	PHONE # OF PERSON MAKING PAYMENT

**INSTRUCTIONS **

Complete all fields and save this form to your computer. Then send to pamv@getzfire.com as an attachment to email.