

## **Authorization to Withdraw Funds**

Customer	Informatio	<u>n</u>				
Project Ma	ınager/Sales	Representative:				
Company or Customer Name:				Customer Code:		
mul. CD. 1				CHG Invoice or Job #:		
Payment A	<u>Amount</u>					
Payment Amount \$				-		
Bank Acco	ount Inform	ation				
Name as it	appears on	Bank Account:				
Address as	s it appears o	on Bank Statement:				
City:			State: _		Zip:	
Account T	ype: Busin	ess Personal				
Account N	umber:			Checking	Savings	
Routing N	umber:	Fina	ancial Insti	tution Name:		
Authorizi	ng Signatur	<u>e</u>				
I authorize	Color House	e Graphics, Inc. to withdra	w funds fro	m the account liste	d above.	
Authorized Signature:					Date:	
Printed Name:					Date:	
Email Add	ress:					
For Office	Use Only					
Use Card on File					Today's Date:	
Email Attached					CSR:	
Reason:			A	pply Amount	Job #	_
Deposit Prebill:						-
Final:						-