



Authorization to Withdraw Funds

Customer Information

Project Manager/Sales Representative: _____

Company or Customer Name: _____ Customer Code: _____

Title of Book: _____ CHG Invoice or Job #: _____

Payment Amount

Payment Amount \$ _____

Bank Account Information

Name as it appears on Bank Account: _____

Address as it appears on Bank Statement: _____

City: _____ State: _____ Zip: _____

Account Type: Business Personal

Account Number: _____ Checking Savings

Routing Number: _____ Financial Institution Name: _____

Authorizing Signature

I authorize Color House Graphics, Inc. to withdraw funds from the account listed above.

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____

Email Address: _____

For Office Use Only

Use Card on File			Today's Date:
Email Attached			CSR:
Reason:		Apply Amount	Job #
Deposit <input type="checkbox"/>			
Prebill: <input type="checkbox"/>			
Final: <input type="checkbox"/>			