



NEW

Change

1200 North West Avenue
Jackson, MI 49202
invoices@lifewaysmi.org

LifeWays prefers to make payments electronically. Your payments will be deposited into the bank account of your choice. To receive payments electronically, you must print, complete this entire form, and return to the address or email listed above. To decline participating with electronic payments, please print, check the box below, sign and return this form to the address or email listed above.

Payee Information			
Payee Name:		SSN or Federal ID#:	
<input type="checkbox"/>	I do not wish to participate in the electronic payment program.		
Remit Mailing Address(es) for Applicable Accounts:			
Remit e-mail Address(es) for applicable accounts: **Email required			

Bank Information	
Bank Name:	
Name on Account:	
Routing #:	
Account #:	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Security Information	
4 to 6-digit code (of your choosing):	

This code will be used for identification purposes for future changes to verify we have the correct provider/vendor/client.

By completing this form, you are authorizing LifeWays to initiate electronic payments into your account. You are also authorizing LifeWays to initiate corrections/reversals in the event that an incorrect payment is processed.

LifeWays is not responsible for incorrect or incomplete bank routing and account numbers submitted by payee. To ensure accurate information, please provide a copy of a voided check or bank verification for the account you would like to use.

Printed Name

Title

Authorized Signature

Date