Foodja
ACH Payment Authorization Form

Add ☐ Delete ☐ Change ☐

Company:_____
Address:_____
City:_____State:_____Zip:_____
Phone:_____

Funds Settlement Information

Bank Name:_____
Account Owner:_____
Account Name:_____
Address:_____
City:_____State: _____Zip:_____
Routing # (9 digits) _____
Account #_____

_____ (hereinafter referred to as Restaurant) authorizes Cloudbase Ventures, Inc. d/b/a Foodja to initiate ACH transfer entries and to credit the account identified herein. This authorization shall remain in effect unless and Cloudbase Ventures has received written notification from Restaurant that this authorization has been terminated in such time and manner to allow Cloudbase Ventures to act. Undersigned represents and warrants to Cloudbase Ventures that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____ / /_____
Account Owner Signature Date

_____
Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER