



# ACH Authorization Form

Please return completed form to FAE:

ATTN: Customer Portal Payment Plan, 447 Amherst St. Winchester VA 22601

Customer Name (as shown on bill): \_\_\_\_\_

Account Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Financial Institute Account Number: \_\_\_\_\_

Financial Institute Routing Number: \_\_\_\_\_

Name of Account Holder (must match FAE customer name): \_\_\_\_\_

Checking Account (enclosed voided check)

Savings Account (enclosed deposit slip)

Please Select If You Would Like To Be Enrolled In Auto Pay OR If You Would Like To Process Your Payments Electronically Through The Portal:

Enroll In Auto Pay

Self-Process Payment Electronically

I authorize the financial institution named above to accept the transfer instructions and to deduct the amount due to FAE from my checking or savings account as indicated to pay my bill or credit my account.

I further understand that if at any time I decide to discontinue the Customer Portal Payment Plan, or modify my financial institution information, I will notify FAE. My account must reflect a zero balance before entering in the Customer Portal Payment Plan, modifying my Customer Portal Payment Plan information or discontinuing my participation in the plan. I understand that if I choose to discontinue my participation in the plan, I must provide FAE with a written letter stating that I wish to discontinue my participation.

\_\_\_\_\_  
Signature (Authorized Financial Institute Holder/FAE Account Holder)

\_\_\_\_\_  
Date

**\*IN ORDER TO BE A PART OF THE CUSTOMER PORTAL PAYMENT PLAN, YOU MUST HAVE ACCESS TO THE ONLINE CUSTOMER PORTAL\***