ALLELUIA

Financial Management System

Payment Form

(Please select how you want to be paid: Direct Deposit to your Bank Account or Pay Card, or by Zelle to your Bank Account. If you need to update your bank account/pay card/zelle details, please submit a new Payment Form.)

I am a ☐ Vendor ☐ Provider

I authorize Alleluia FMS LLC (AFMS) to initiate credit entries to my checking or savings accounts, or pay card indicated below and to credit the same to such amount. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. Law.

Direct Deposit to Bank Account or Pay Card:

Account type: ☐ Checking ☐ Savings

Bank name: _____ Bank phone #: _____

Bank address: _____

Name on account: _____

Your address: _____

Your Telephone #: _____ Your email address: _____

ABA Routing number: _____

Account #: _____

Payment by Zelle:

Zelle phone number: _____ or

Zelle email address: _____

If monies to which I am not entitled are deposited to my account, I authorize AFMS (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on AFMS' direction and to return said funds.

_____

(Signature of Vendor or Provider)

_____ _____

Signed by (print name) *Date*