ACH AGREEMENT Financial Services Team – The Navigators

	d individual or organization from The Navigators, are <u>processed daily</u> to the yments will be sent with invoice or account information as requested.
	<u>e from: workflow.admin@navigators.org</u>
Payee Name:	
Payee Address:	
Payee Phone #:	
Payee Email Address (for el	ectronic advice):
Authorized Signature:	
<u>Please print:</u>	
Bank or Credit Union Name	:
Account Type: Check	
Please select one of the foll	owing to be included with each payment
□ Invoice Paid	
Please mail this form to:	The Navigators Financial Services Team Post Office Box 6000 Colorado Springs, CO 80934 Or fax to : 719-666-3972