



ACH Enrollment

We now offer ACH payments. If you are interested in receiving all future payments via ACH please fill out the attached form and email to accountspayable@cfhconline.org along with a copy of your W9. Please feel free to contact us if you have any questions.

Sincerely

Amanda Harding

Staff Accountant

Central Florida Health Care

O: 863-247-2117

200 Avenue B, Ste 204, Winter Haven, FL 33881

aharding@cfhconline.org

ACH request form

Company Name

Company Address

Contact Names:Phone Number: _____ Email:

Banking Contact:

Bank Name:

Bank Address:

ACH ABA Routing #

Account #

Account Type Checking Savings
(please check only one)Sales Tax Exemption YES NO

(If YES, please attach a Sales Tax Exemption form)

Signature

Please submit the completed form and email to:

accountspayable@cfhonline.org