



## ACH EDI Information Request Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account Number (list all to be included): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address (list all to be included): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Employee: \_\_\_\_\_

***Please print and return this form to:***  
***ATTN: Stephanie Hudson, Accounting Dept.***  
***The National Banks of Central Texas***  
***803 E. Main St.***  
***Gatesville, TX 76528***  
***FAX: 254-404-6031***