

**IPS Worldwide LLC
265 Clyde Morris Blvd.
Ormond Beach, FL 32174**

ACH Setup Form

IPS' Client Name _____

Beneficiary (Customer)Name: _____

Street Address: _____

City, State, Zip: _____

Beneficiary's Bank Information-Non US carriers, a US bank account with a US bank is required to receive a ACH payment of US\$.

Bank Name: _____

Bank Address: _____

**Bank Routing(ABA) for ACH Transfers (9 Digits)
or Bank Sort Code (for Canadian banks)** _____

Bank Account Number _____

Please provide the email address(s) for the remittance advice to be received for each ACH

Please fax form to 386-672-5912 or email to jclay@ipsww.com

Accounting Use Only

Bank Id No: _____

Date Created: _____

Approved By/Date: _____