



**FIRE EQUIPMENT COMPANY**

### E-CHECK FORM

CUSTOMER ACCOUNT NAME \_\_\_\_\_

CUSTOMER ACCOUNT # \_\_\_\_\_

INVOICE#(S) \_\_\_\_\_  
(If paying for more than one invoice please list every invoice number)

TOTAL AMOUNT BEING PAID \_\_\_\_\_

#### **BANK INFORMATION**

BANK NAME \_\_\_\_\_

TRANS #(9 DIDGIT) \_ \_ \_ \_ \_

BANK ACCOUNT # \_\_\_\_\_

NAME OF PERSON MAKING PAYMENT \_\_\_\_\_

DATE \_\_\_\_\_ PHONE # OF PERSON MAKING PAYMENT \_\_\_\_\_

**\*\* Click here to email this form \*\***