



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 _____

****INSTRUCTIONS ****

Complete all fields and save this form
to your computer. Then send to
billing@getzfire.com as an
attachment to email.