



CMS Company

AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name: _____ c/o CMS _____ Company ID Number: _____ OBC _____

I (we) hereby authorize CMS Company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to **my (our)** **Checking** **Savings account (Select one)** indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository name (Bank) _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Transit/ABA # _____ **Account No.** _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DE-POSITORY a reasonable opportunity to act on it.

Name(s) _____ **Address** _____
(Please Print)

Date _____ **Signed X** _____

Signed X _____

Date/Month to Begin: _____

****Please include a voided check with this form****

For Office Use Only:

Date Received: _____ By: _____
Entered in AC: _____
Entered in TOPS: _____
Date Ran \$0.00 _____
Date to Run Full Asst. _____