

This form is used for Automated Clearing House (ACH) payments. The Customer / Company information must be completed along with the following: (Option 1) provide your financial institution information or (Option 2) attach to this form a voided check or deposit slip of the account you wish to use.

Please check one of the following: Add Change Cancel

CUSTOMER / COMPANY INFORMATION

Name	Customer Number (optional)
Mailing Address	City, State, Zip
Social Security or Taxpayer ID	Contact Person Name
Telephone	Mobile Telephone
Email Address for Payment Remittance	

I/we hereinafter called CUSTOMER, hereby authorize Milo C. Cockerham, Inc. hereinafter called MCC, to process Automated Clearing House (ACH) credit or debit entries to the bank hereinafter called BANK, designated below. This information will be used solely for purposes for payment of obligations determined by MCC to be due from CUSTOMER in the form of a debit or conversely for payment of obligations determined by MCC to be owed to CUSTOMER by MCC in the form of a credit. Transactions will be initiated by MCC as they become due.

FINANCIAL INSTITUTION INFORMATION (Option 1)

Bank Name	Bank Phone Number
Address	City, State, Zip
Bank Routing and Transit Number (required 9 digits)	Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Bank Account Number	

VOIDED CHECK OR VOIDED DEPOSIT SLIP (Option 2)

ATTACH VOIDED CHECK OR VOIDED DEPOSIT SLIP.

This authority shall remain in full force and effect until MCC has received written notification from CUSTOMER of its termination in such time and in such manner as to afford MCC and BANK a reasonable opportunity to act on it. CUSTOMER understands that this service is governed by the rules of the Automated Clearing House and that MCC can terminate or modify it at any time.

Name of Payee or Authorized Official and Title (please print)	
Authorized Signature	Date Signed