This form is used for Automated Clearin completed along with the following: (Op this form a voided check of the account	otion 1) provide	your financial ir			
Please check one of the following:	Add	e. ☐ Change	2	Cancel	
CUSTOMER / COMPANY INFORMATION	N.				
Name		Custo	mer Number (o	ptional)	
Mailing Address		City, 9	State, Zip		
Social Security or Taxpayer ID		Conta	ict Person Name	2	
Home Phone		Cell P	hone		
Email Address for Payment Remittance					
I/we hereinafter called CUSTOMER, here Automated Clearing House (ACH) credit information will be used solely for purpocusTOMER in the form of a debit or corCUSTOMER by MCC in the form of a cree FINANCIAL INSTITUTION INFORMATION	or debit entries oses for paymen nversely for pay dit. Transaction	s to the bank her nt of obligations ment of obligation	einafter condetermine determine ons deterr	alled BANK ed by MCC nined by M	, designated below. This to be due from ICC to be owed to
Bank Name		Bank	Phone Number		
Address		City, S	State, Zip		
Bank Routing and Transit Number (required 9 digits)		Туре	of Account	Savings	Checking
Bank Account Number					
VOIDED CHECK (Option 2)					
	ATTACH	I VOIDED CHECK			
This authority shall remain in full force a termination in such time and in such ma CUSTOMER understands that this servic can terminate or modify it at any time.	anner as to affo	ord MCC and BAN	K a reasor	nable oppo	rtunity to act on it.
Name of Payee or Authorized Official and Title (please print)					
Authorized Signature		Date:	Signed		
_		l l			
Please send this form and voided check, if app Milo C. Cockerham, Inc., Attn: Credit Dept., PO		(OR) /A 24333		d voided chec	k image may be emailed to