

ACSI
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Colorado Springs, CO 80920
Phone 719-528-6906
ap@acsi.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Please select one of the following:

____ First time request for ACH payments ____ Request to change ACH payment Information

The following bank information applies to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

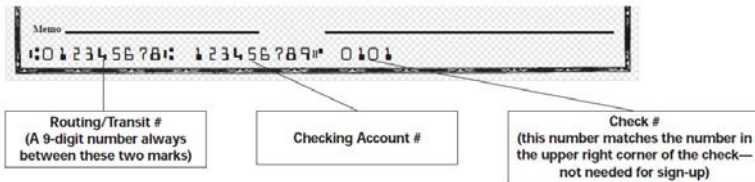
Bank Account Information: I hereby authorize ACSI to initiate deposits to the Checking Account described below: **(No Savings Account)**

Bank Name: _____

Address: _____

City: _____

Routing/ABA# & Bank Acct #: _____



Deposit Notification Information: I hereby authorize the following email address to receive notification of payment details of all funds deposited to the above account:

Email Address: _____

Term: This authority will remain in full force and effect until ACSI has received written notification of discontinuation and in such manner as to afford ACSI a reasonable opportunity to act on it.

Signature: _____

Title: _____

Phone #: _____

Date: _____