

Automatic Bill Payment Authorization (ACH Debits)

I am submitting this authorization form to request that my payment(s) listed below be automatically withdrawn from my account indicated below.

Company Information:

Company Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

If this form is not sufficient to establish or change the Bill Payment, please forward the authorized form to me at the address above.

Customer Information:

Name _____ Tax ID# _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Account Information:

Type	Account Number
<input type="checkbox"/> Checking	_____
<input type="checkbox"/> Savings	_____
<input type="checkbox"/> Money Market	_____

Depository Bank Information:

Central Illinois Bank
2913 W. Kirby Avenue
Champaign, IL 61821
Phone 217.355.0900
Routing/Transit Number: 071122933

Amount to pay Company:

Full amount due Minimum payment due Other \$ _____

Additional Comments: _____

Customer Authorization:

Effective immediately, I/We authorize and direct the COMPANY (named above) to initiate debit entries to my/our account at the Depository Bank named above to pay amounts due on my Company account as specified above. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Signature: _____ Date: _____

ATTACH A VOIDED CHECK FOR VERIFICATION OF YOUR ACCOUNT INFORMATION

