



Branches of CIBM Bank:



877-925-3030

### CIBM Bank 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I am submitting this authorization form to request that my payment(s) listed below be automatically withdrawn from my account indicated below.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# \_\_\_\_\_ Employee ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

#### Account Information:

<u>Type</u>	<u>Account Number</u>
Checking	_____
Savings	_____
Money Market	_____

#### Depository Bank Information:

CIBM Bank  
2913 W. Kirby Avenue  
Champaign, IL 60182  
Phone: 877-925-3030  
Routing/Transit Number: 071122933

#### Amount to pay Company:

Full amount \_\_\_\_\_ % 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