

ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize Cummings Printing, Co. to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

(Customer's Financial Institution)

(Address of Financial Institutions – Branch, City, State & Zip)

(Authorized Signature)

(Date)

(Name on Account – PLEASE PRINT)

(Address – PLEASE PRINT)

Amount: _____

Customer Job # _____

Checking/Savings (Circle One) Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols | : : | on the bottom left of your check)