

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 (FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error.

(Please **PRINT**)

Customer's **FINANCIAL INSTITUTION**

Address of **FINANCIAL INSTITUTION** – Branch, City, State & Zip

Authorized Signature(s)

Date

Name(s) on Account (Please Print)

Address (Please Print)

Amount to debit (\$)

Customer Job #

Business Checking / Checking / Savings
(Circle one)

Account # _____

FINANCIAL INSTITUTION Routing Number (9-Digits on bottom left of your checks between | : | :)

Cummings Printing checking account to debit: **1050000483**

Send via fax or email: 603-623-5132; jessicaj@cummingsprinting.com