Automatic Payments (ACH) Authorization Agreement

I (we) hereby authorize CCCS to initiate debit entries to my (our)

☐ Checking Account ☐ Savings Account (statement required instead of void check)

At the financial institution named below: _____

YOUR INFORMATION	
Name:	
Client ID:	
Joint Account Holder's Name:	
Address:	
Address:	
City:	
State:	ZIP:
Day Phone:	
Other Phone:	
E-mail:	

BANK INFORMATION	
Name:	
Address:	
Address:	
City:	
State:	ZIP:
Bank Phone Number:	
Bank Account Number	
Bank Routing Number	
Check Number:	*Attached canceled check*

Select a withdrawal option for your ACH:

☐ Withdrawal of full funds on the 1st of each month Amount: $_____

☐ Withdrawal of full funds on the 15th of each month Amount: $_____

☐ Withdrawal of half of your funds on the 1st and the remaining half on the 15th Total: $_____

I (we) further authorize CCCS to initiate, if necessary, any debit or credit entries as adjustments for any entries in error to my account indicated above and the financial institution named above. This authority is to remain in full force and effect until CCCS has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford CCCS a reasonable opportunity to act on it.

_____ _____
Account Holder's Signature *Date*

_____ _____
Joint Account Holder's Signature *Date*

CCCS
MIAMI VALLEY

937.853.1600
HomeOwnershipDayton.Org/CCCS