



AUTHORIZATION AGREEMENT FOR ACH TRANSFER OF FUNDS

For deposit into U.S.A. Checking or Savings account only.

Instructions for completing this form:

- 1. You can print this form and complete, or complete it as a fillable PDF. You can download a fillable version at <https://www.cmcarts.org/ach-authorization>
- 2. All fields are required
- 3. Gather bank account information from banker, statement, or check.
- 4. To ensure accuracy, please confirm with your bank representative prior to submitting.
- 5. Please provide information for a U.S.A. (not foreign) checking or savings account.
- 6. Please ensure that your bank account is set up to receive ACH payments.

7. Email your completed and signed form to cmcarts@cmcarts.org
I authorize CMCarts, Inc. and Bank of St. Croix to initiate electronic credit entries to my bank account. CMCarts may debit my account only under the circumstance that an electronic credit entry has been made in error. This authority will remain in effect until CMCarts, Inc. has received written notice of termination from me, in such time and manner to afford CMCarts Inc. a reasonable opportunity to act on it.

Full Legal Name
[Redacted]

Beneficiary Account Name(If different)
[Redacted]

Telephone Number
[Redacted]

Email Address
[Redacted]

Bank Name & City and State
[Redacted]

Type of Account: Checking Savings

ABA TRANSIT ROUTING # USED FOR ACH TRANSFERS ONLY:
[Redacted]

ACCOUNT# (Including leading & ending zeros, not check #)
[Redacted]

Authorized Contact Name
[Redacted]

Signature: [Redacted]

Date: [Redacted]