

Agreement for Pre-Authorized (ACH) Payments

Company Name: Consolidated Company I.D#: 47 0668745
I (we) authorize the above Company to initiate debit entries to the \Box checking \Box savings account (select one) indicated below, and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.
Bank Name
Routing #
Account #
Disclosures This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.
I (we) further authorize the Company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account.
I (we) have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.
The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:
Customer Name(s):
Consolidated Account Number(s):
Contact Name & Cell Number:

If available, please attach voided check.

Signed: ______Date: _____

Send forms to: Consolidated Companies PO Box 6147 Lincoln, NE 68506-0147