

DIRECT DEPOSIT YOUR WAY TO FASTER PAY

CBC COMPANIES INC.

AUTHORIZATION FORM FOR ACH PAYMENTS

Company name: _____

Address: _____

Financial Institution: _____

Account type: **Circle One** **CHECKING** **SAVINGS**

MUST INCLUDE COPY OF VOIDED CHECK
*A deposit slip **only** for savings account*

REMITTANCE ADVICE OPTIONS

Select One

Email address: _____

Fax number: _____

AUTHORIZATION

Authorized name: _____

(Please print)

Authorized signature: _____

Authorized title: _____

Date: _____ Phone number: _____



SO DON'T DELAY - SEND IN TODAY

