



Milwaukee • Indianapolis • Scottsdale

414.607.6000

Automatic Bill Payment Authorization (ACH Debits)

I am submitting this authorization form to request that my payment(s) listed below be automatically withdrawn from my account indicated below.

Company Information:

Company Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

If this form is not sufficient to establish or change the Bill Payment, please forward the authorized form to me at the address above.

Customer Information:

Name _____ Tax ID# _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Account Information:

Type _____ Account Number _____
[] Checking
[] Savings
[] Money Market

Depository Bank Information:

Marine Bank
2323 N. Mayfair Road
Wauwatosa, WI 53226
Phone: 414.607.6000
Routing/Transit Number: 071122933

Amount to pay Company:

[] Full amount due [] Minimum payment due [] Other \$ _____

Additional Comments: _____

Customer Authorization:

Effective immediately, I/We authorize and direct the COMPANY (named above) to initiate debit entries to my/our account at the Depository Bank named above to pay amounts due on my Company account as specified above. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Signature: _____ Date: _____

ATTACH A VOIDED CHECK FOR VERIFICATION OF YOUR ACCOUNT INFORMATION