Children's Aid Society

ACH Credit Authorization for Contractors/Vendors

GMS Vendor #: _____

I (we) hereby authorize *Children's Aid Society* (THE SOCIETY) to initiate entries to my (our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE SOCIETY is notified by me (us) in writing to cancel it and to afford THE SOCIETY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on the request.

_____

(Name of Financial Institution)

_____

(Address of Financial Institution – Branch, City, State, & ZIP)

_____

(Signature & Date)

_____

(Your Name – PLEASE PRINT)

_____

(Your Address – PLEASE PRINT)

NOTE: Please attach a voided check in this space

Specify Account Type: Checking [ ] or Savings [ ]

The following numbers are located on the bottom of your check/deposit slips as shown below:

- Financial Institution Routing Number: _____
- Your Account Number: _____

⑆ 123456789 ⑆ 1234567890123 ⑈

Routing Number Account Number