



ACH Authorization Form

Owner _____
Co-Owner (if applicable) _____
Mailing Address _____ City _____ State _____ Zip _____
Phone: #1 _____ #2 _____ E-Mail _____

AUTHORIZATION

I authorize COGBF Financial Solutions, Inc. to debit or credit entries at my direction and to, if necessary, credit or debit entries and adjustments for any debit or credit entries in error to my account indicated below and the bank named below to debit or credit the same to such account.

Bank Name _____
Bank Address _____ City _____ State _____ Zip _____
Name on Bank Account _____
Bank Routing Number (ABA) _____ Bank Account Number _____
Account Type: Checking Account Savings Account*

ACKNOWLEDGMENT

I hereby authorize COGBF Financial Solutions, Inc. to debit entries and to initiate, if necessary, credit entries, and adjustments for any debit entries in error to my account at the bank named above. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that COGBF Financial Solutions, Inc. will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to COGBF Financial Solutions, Inc. and to the bank. The termination request will be effective upon thirty (30) days written notice.

Print Name _____	Print Name _____
Signature _____	Signature _____
Date _____	Date _____