

Community Mental Health for Central Michigan
**AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS (ACH CREDITS)**

Payee Name: _____

Payee Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone Number: _____

I (we) hereby authorize **Community Mental Health for Central Michigan**, hereinafter called CMHCM, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called the DEPOSITORY, and to credit and/or debit the same to such account.

FINANCIAL INSTITUTION INFORMATION:

Depository Name: _____

City: _____ State: _____ ZIP: _____

Payee Routing/Transit –ABA #: _____ Payee Acct#: _____

Amount: \$ _____ Select One: Checking Savings

This authorization is to remain in full force and effect until CMHCM has received written notification from me of its termination in such time and in such manner as to afford CMHCM and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer: _____ Date: _____

Type Authorized Signer's Name: _____

If two signatures required:

Authorized Signer: _____ Date: _____

Type Authorized Signer's Name: _____

This authorization must be retained for a period of 2 years after termination of service with CMHCM