

CU MORTGAGE EXPRESS

Partner ACH Authorization Form

PARTNER INFORMATION

Company Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Accounts Receivable Contact: _____	
Phone: _____	Email: _____

AUTHORIZATION AGREEMENT

I (we) hereby authorize CU Mortgage Express, hereinafter referred to as COMPANY, to initiate credit entries to my (our) account listed below at the depository financial institution listed below, hereafter called DEPOSITORY, and the credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law.

Select Type of Account: ☐ Checking ☐ Savings

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

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

Name: (Please Print)

Signature:

Date: _____