



ACH AUTHORIZATION RELEASE

Note: This form MUST be reproduced and completed on Company letterhead. A business card of the signatory and a voided check (if checks are drawn from the account) must accompany this form, or the Program live date may be delayed.

HEREBY authorizes *mbi*, or *mbi*'s agent (known as "MoneyMaker"), to initiate ACH (automated clearing house) transfer entries for the following depository:

(Group/Employer Name)

Financial Institution
Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Routing and Bank
Transit Account
Number Number

Type of Account
(Please check one): Checking Account Savings Account

Information Provided by: _____
(please print your name)

Signature: _____

Title: _____ Today's Date: _____

Verified by
mbi Implementation: _____ Date: _____

Date to Set-Up: _____ Date Settlement Set-Up _____