

# **EServices Corporation Automatic Clearing House (ACH) Authorization**

In order to activate automatic funds payment, please have an officer of the organization complete this form and mail it to:

eServices Corporation  
7577 Main St.  
Ralston, NE 68127

Or, send via fax to:  
(402) 597-3026

Organization Name: \_\_\_\_\_

Organization Officer Name: \_\_\_\_\_

Officer Position in Organization: \_\_\_\_\_

Email address: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Organization Tax ID Number: \_\_\_\_\_

## **BANK INFORMATION**

**For help with the following questions concerning bank account information visit the frequently asked questions section of our website at: <http://www.eservicescorp.com>**

Bank Account Number: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Phone/Address (if on check): \_\_\_\_\_

## **AGREEMENT**

By signing below I authorize eServices Corporation to electronically withdrawal funds monthly using ACH from the above bank account. The prior month's billing amount will be communicated to the administrator of record prior to the transaction which will be scheduled for the 5<sup>th</sup> workday of the month. In addition, I authorize eServices Corporation to deposit funds using ACH into the above account in order to rectify disputed charges and issue credits.

\_\_\_\_\_

\_\_\_\_\_

Signature Date

Please attach a Voided check.

If you have any questions please call eServices Corporation at 1-877-866-4848 or email us at [ACHService@eServicescorp.com](mailto:ACHService@eServicescorp.com).