



Automatic Deduction

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USE THIS FORM TO: **Begin** an Automatic Deduction; **Change the Amount, Date or Bank Information** on an existing Deduction; or **Stop** an Automatic Deduction from your checking or savings account. Please complete all sections, even if the information has not changed. Automatic Deductions are for checking and savings accounts only. Please do not attached deposit slips to this form.

This form supercedes all previous forms for this account.

Section 1. Account Information:

Account Owner:

Name _____

Address _____

City, State, Zip _____

() _____
Phone Number

Account Number:

_____ Email Address

Section 2. Action To Be Taken:

- Begin a New** Automatic Deduction
 Change the Amount of your Deduction
 Change the Date of your Deduction
 Change the Bank Information of your Deduction

Amount to be deducted

\$ _____

Please check the date for the deduction:

____ 5th ____ 20th OR ____ (other _____) day of the month

Please make my contribution to: _____

Please attach a voided check & deposit slip for the account from which you wish to make the deduction. You MUST sign below.

ATTACH CHECK HERE	Name _____ #1234	Date: _____	CHECK ONE: <input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account
	Address _____		
	City State Zip _____		
	Pay to the order of _____	_____ dollars	
	ABC Bank 6789 Main Street Anywhere USA		
Bank Routing Number _____ Acct Number _____	[CHECKING OR SAVINGS ACCOUNTS ONLY / PLEASE DO NOT ATTACH DEPOSITS SLIPS]		

I hereby authorize Converge MidAmerica (CMA) to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until CMA has received notification from me of its modification or termination in such time as to afford CMA 10 business days to act on it. In the case of unsuccessful debits, I understand that CMA reserves the right to cancel this authorization and that CMA will notify me in writing of such action. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. Authorization must be received approximately 10 business days prior to the date of the first transfer. CMA can provide you a copy of this authorization upon request.

X _____ X _____ Date: _____
Signature of Bank Account Owner Signature of Joint Bank Account Owner

STOP an Automatic Deduction

By signing below you authorize the termination of the previously established automatic deductions from your checking or savings account to Converge MidAmerica (CMA). CMA has 10 business days from the receipt of this written notification to terminate the deductions.

X _____ Date: _____
Signature of Bank Account Owner