



Cooperative
Business Services

Commercial Debit Authorization

Must check one

New Change Delete

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____

CBS Loan Number & Loan Name: _____

I authorize Cooperative Business Services, LLC to initiate debit entries to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with all applicable state and federal laws.

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Account Type: (Please check one) Checking Savings

Account No: _____

Please Debit the above-named account for: (Please check *one* box below)

Payment Amount Billed **OR** *Flat Amount* \$ _____

Please choose an ACH Processing Day (check *one* box below):

Debit on Payment Due Date

OR

Debit on (choose date within your grace period): _____

If your ACH processing date falls on a holiday or a weekend your payment will be processed on the next business day.

Cooperative Business Services, LLC, successors, and assigns shall have no liability with respect to its obligations under the Authorization for consequential, special, direct, exemplary, or incidental damages to the undersigned or third parties dealing with the undersigned even if Cooperative Business Services, LLC has been advised of the possibility of such damages.

Borrower Signature: _____ Date: _____

Borrower Name (Print): _____

Please email all completed forms to: finance@cbscuso.com