



## Commercial Debit Authorization

### One Time Payment – Principal Payment Only

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_

CBS Loan Number & Loan Name: \_\_\_\_\_

**I authorize Cooperative Business Services, LLC to initiate a debit entry 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:**

***Principal*** Payment Amount: \$ \_\_\_\_\_

Date of Principal Payment (One-Time Only): \_\_\_\_\_

***The amount debited from your account will be processed on the next business day after receipt of the completed form.***

**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@cbscusso.com](mailto:finance@cbscusso.com)

Mail: Cooperative Business Services, LLC

ATTN: ACH

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