



Commercial Debit Authorization

One Time Payment

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:

Payment Amount: \$ _____

Processing Fee: \$ 10.00

Total Amount to be Debited (Payment Amount + Processing Fee): \$ _____

Date of Payment (One-Time Only): _____

The amount debited from your account, including the \$10 processing fee, 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: servicing@cbscusso.com

Mail: Cooperative Business Services, LLC

ATTN: ACH

8150 Corporate Park Drive, Suite 300

Cincinnati, OH 45242