

CBA of GA requires the COMPLETED SIGNED FORM returned to our office before withdrawals can begin or continue. Please return via FAX 1-478-452-5220, mail CBA of GA, P.O. Box 579, Milledgeville GA 31059, or email ronee@cbaga.com.

FORM MUST BE COMPLETE.

ACH Debit Authorization from CHECKING ACCOUNT or SAVINGS ACCOUNT

I (we) hereby authorize Jack L. Daniel, Inc. (dba CBA of GA), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Bank Routing Number)

_____ Type of Acct: Checking Savings
(Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

CBA account Number: _____

Process \$_____ ACH debit (circle one) weekly/ bi-weekly/ semi-monthly/ monthly

beginning ____/____/____. ***Keep on file for one time payments _____(Initial)***

(Print Individual Name)

(Signature)

(Address) (City/State) (Zip Code)

____/____/____
(Date)

____-____-____
(Phone)

YOU AGREE, IN ORDER FOR US TO SERVICE OUR ACCOUNT OR TO COLLECT ANY AMOUNTS YOU MAY OWE, WE MAY CONTACT YOU BY TELEPHONE AT ANY TELEPHONE NUMBER ASSOCIATED WITH YOUR ACCOUNT, INCLUDING WIRELESS TELEPHONE NUMBERS, WHICH COULD RESULT IN CHARGES TO YOU. METHODS OF CONTACT MAY INCLUDE USING PRERECORDED/ARTIFICIAL VOICE MESSAGES AND/OR USE OF AN AUTOMATIC DIALING DEVICE, AS APPLICABLE.

I HAVE READ THIS DISCLOSURE AND AGREE THAT CBA OF GA MAY CONTACT ME AS DESCRIBED ABOVE.

This communication from a debt collector is an attempt to collect a debt. Any information obtained will be used for that purpose.