



Banking Information for Electronic Payments

Company Data:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIIP: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON NAME: _____

CONTACT PERSON PHONE #: _____

CONTACT PERSON FAX #: _____

CONTACT PERSON E-MAIL: _____

ADDITIONAL INSTRUCTIONS: _____

Company ACH Information:

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT NAME: _____

ACCOUNT TYPE: _____

BANK ACCOUNT #: _____

ROUTING/ABA #: _____

SIGNATURE: _____ **DATE:** _____

Please Note: If typing your name above, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Please return form by Fax to: (630) 378-2502 ATTN: Financial Services
OR
via SECURE E-Mail to: EBT.Payables@cbservices.org

OFFICE USE ONLY	
ENTERED BY: _____	DATE: _____
APPROVED BY: _____	DATE: _____