

# Non-Merchant Authorization to Honor ACH Credits & Debits by and to Comdata Network, Inc.

## General Information

Date <input type="text"/>	Purpose for Submission <input type="checkbox"/> New Setup <input type="checkbox"/> Change Existing Setup	Comdata Account Number <input type="text"/>
Type Change <input type="checkbox"/> Bank Information <input type="checkbox"/> Cutoff/Draft Schedule <input type="checkbox"/> Both		

## Bank Information

Name of Bank <input type="text"/>	Date <input type="text"/>	Area Code and Phone # <input type="text"/>	
Branch Name <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Nine-Digit Routing Number Located on Bottom of Check <input type="text"/>			

## Comdata Customer Information

Name on Checking Account <input type="text"/>	Checking Account Number <input type="text"/>
Company Name <input type="text"/>	Company Phone Number <input type="text"/>

As a mutual convenience to this company and to Comdata Network, Inc. I hereby request and authorize the above named bank to honor ACH debits from Comdata Network, Inc. and to honor ACH credits payable to this company adjustments to any ACH debits made in error to my account. I agree that, in respect to each such ACH credit or debit, the bank shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of same. This authority is to remain in effect until revoked by me in writing to the bank and Comdata Network, Inc., and until the bank and Comdata Network, Inc. actually receive such notice, I agree that the bank shall be fully protected in honoring any such ACH credit or debit. I further agree that if any ACH debit or credit shall be dishonored, the bank shall be under no liability whatsoever.

## Customer Signature

Printed Name of Authorized Depositor

Signature of Authorized Depositor

## Selection of CutOff Day

Please select the **cutoff** day for transactions to be included in the ACH debit. This is **not** the day the ACH debit will occur. Your bank will debit your checking account within 24-48 hours of the selected **cutoff** day.

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Please provide a copy of this completed document to the bank named above. Return this form via fax to Comdata.

Attention:  Fax:

### IMPORTANT NOTE:

If you are changing your financial institution and/or account number information, you must leave sufficient funds in your existing account to cover any ACH debit for 48 hours from the time a Comdata representative contacts you to confirm the change has been initiated. This allows time for the change to take effect with your new financial institution and/or account. Return the completed ACH form along with a voided check copy for verification purposes. Please make sure you forward a copy of this form to your bank if you have an ACH security restriction on your bank account.