US Marine Corps, Semper Fit & Exchange Services Division Marine Corps Community Services

ACH Application Form

I hereby authorize the U.S. Marine Corps Semper Fit & Exchange Services Division, Marine Corps Community Services, hereinafter called MCCS-MRF, to initiate credit and debit entries to the account indicated below, with the financial institution named below, hereinafter called DEPOSITORY, to credit or debit the same to such account. All fees and charges that may be applied by the DEPOSITORY for the receipt and processing of transfers will be my sole responsibility. This authority is to remain in full force and effect until such time as MCCS-MRF has received written notification from me of its termination/change. Written notification shall be provided to MCCS-MRF at least thirty (30) working days prior to the effective date of termination/change.

I am not currently participating in the MCCS-MRF ACH Program.

() ADD – Credit/Debit my payment to the account shown.

Check One:

() CHANGE – Char	ipating in the MCCS-MRF ACH Pronge financial institutions and/or according participation in the program.	ogram. count number.	
	my participation in the program.	111000 11051/	
Name as shown on invoice:		MCCS-MRF Vendo	or ID:
Address:		I	
City:	State:	Z	Zip:
Accounts Receivable (AR) Point of Cont	act (POC) Name:		
AR POC Telephone Number:	AR POC Fax Number:	AR POC E-	mail Address:
ACH Notification and Remittance Informa	ation Choice (Check one Box):	Via FAX	Via E-Mail
	,		
Depositor Account Number:			
Name of Financial Institution:			
Street Address:		Phone:	
Street Address.		FIIUIIE.	
City:	State:	Zip:	
Routing Number:			
Depositor Account Title:		L	
Tax ID Number (TIN) for Business:			
Signature:		Date:	
Olgriciatoro			
Printed Name & Title:			
To be completed by MCCS:	-		
Date Received:	MCCS-MRF Vendor ID:		
Date Completed:		ACH Remit ID:	
Completed By:			