

ACH PAYMENT AUTHORIZATION/ENROLLMENT FORM

BANK/FINANCIAL INSTITUTION INFORMATION

Name on Bank Account _____

Bank Name _____

Bank Routing/ABA No. _____

Bank Account No. _____

Type of Account:

Checking Savings

I certify that the information provided on this form is correct, and I authorize the Marine Corps Association to electronically initiate credit/payment entries to the bank account designated above. I understand that this authorization will remain in effect until the Marine Corps Association has received written notification requesting a change or cancellation.

Print Name: _____

Signature: _____

Date: _____