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Collection Services Group

Construction Services Group

UCC Services Group

We trust your company finds the ACH payment process to be a prompt, effective, and reliable method for receiving payments. We look forward to your participation. If you have any questions, please contact Anna Anzalone at 1-800-826-5265, x180 or aanzalone@ncscredit.com.

ACH Payment Authorization Agreement

PAYEE INFORMATION NEW CHANGE Customer/Vendor Number: _____

Payee Name <i>(Please type or print legibly.)</i>	Federal Tax ID #
Mailing Address	
Email Address(es) for ACH Confirmation	
Primary Contact	Phone Number () -
Title	FAX Number () -
Secondary Contact	Phone Number () -
Title	FAX Number () -

The payee described above ("Payee") hereby authorizes **C & S Associates, Inc. dba NCS** to initiate automated clearing house ("ACH") payments directly to the financial institution set forth below and to correct any errors which may occur from the transaction . This authorization will remain in full force and effect until **C & S Associates, Inc. dba NCS** receives written notification of termination and has a reasonable period of time (not less than ten (10) business days) to act upon such notice.

C & S Associates, Inc. dba NCS will not be liable to Payee and Payee will not be liable to **C & S Associates, Inc. dba NCS** for any special consequential, indirect or punitive damages arising out of this Agreement, whether or not (a) any claim for such damages is based on tort or contract or (b) either party knew or should have known the likelihood of damages in any circumstances.

Authorized Signature	
Name and Title <i>(Please type or print legibly.)</i>	Date
Bank Name	City, State
Transit/Routing Number	Bank Account Number
Account Name	
Checking Account	Savings Account

Please complete and return to: FAX 440-544-2701 or E-mail: accounting@ncscredit.com