



AUTOMATIC CLEARING HOUSE (ACH) ENROLLMENT FORM

Capacity Systems LLC
222 W. Merchandise Mart Plaza Suite 1212 - Chicago, IL 60654

PLEASE PRINT CLEARLY OR TYPE TO ENSURE ACCURACY - MUST BE A CHECKING ACCOUNT
Please return completed forms to payables@capacitysystems.com and we will confirm when setup is complete

Date: \_\_\_ - \_\_\_ - \_\_\_

Carrier Name: \_\_\_\_\_

MC# \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

EMAIL ADDRESS FOR REMIT: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Account Number for ACH: \_\_\_\_\_

Routing Number for ACH: \_\_\_\_\_

I (we) hereby authorize Capacity Systems (Capacity) to initiate credit entries to my (our) bank account indicated above at the depository financial institution named above and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Signature of Authorized Person

Title

Printed Name

Date

Note:

- You will be charged back for banking fees that we incur as a result of incorrect information provided by you.
Your paid settlement will be emailed to you. This will be notification that a payment will be deposited into your account.

For any questions or concern please do not hesitate to contact Rachel Stanley at (312) 429-6564