



Accounts Payable – 23S  
 P.O. Box 2944  
 Chicago, IL 60690-2944  
 Phone 312•822•5003  
 Fax 312•260•4595

**ACH DEPOSIT AUTHORIZATION FORM**

Payee/Vendor Name \_\_\_\_\_  
 Federal ID # (TIN) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Contact e-mail \_\_\_\_\_

Complete this section for **new enrollments or for financial institution or account changes.**

Select one:  New Enrollment  Financial Institution or Account Change

Bank Name \_\_\_\_\_  
 Branch (if applicable) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Transit/Routing Number \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_

Account Type (check one)  Checking Account  Savings Account

I, the undersigned, authorize CNA to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until CNA receives written notice of cancellation from me. I acknowledge that the origination or ACH transactions to my account must comply with the provisions of U.S. law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Complete this section to **cancel** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for CNA to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as CNA has reasonable time to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Mail the completed form to the address above or fax to 312•260•4595.

<u>For CNA use only</u>		
Vendor Number	Seq. Number	Date Received