



ACH AUTHORIZATION RELEASE

_____ Hereby authorizes Cashline ATM Élan Financial Services to Initiate ACH Transfers entries for the following:

Adjustments Error Corrections Daily Transaction Settlement Maintenance

The entries will be made through demand deposit accounts at :
Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

_____ Routing Number Account Number

Type of Account: Checking, Savings, Or Money Market etc. Circle One.

Adjustment will be sent to your business Address unless otherwise Noted

_____ Company Name

Signature X _____ X

Title Date _____

Money Maker Office Use Only

Verified by _____ Approved by _____

Please Attach a voided PREPRINTED Check