

Maine Motor Transport Association

MMTA Services Inc

142 Whitten Road, P.O. Box 857

Augusta, Me 04330-0857

ACH AUTHORIZATION FORM

Please provide all required information listed below

Name of Bank: _____
Bank Address: _____
Bank Account: _____
ABA Number: _____
(The ABA number is the 9 digits number on the left at the bottom of the check)
Account type: Checking:___ Savings:___ & Business___ Personal ___

I hereby certify that I am duly authorizing account holder fully empowered to legally bind the above reference bank account. By signing as the account holder, I, hereby authorize Maine Motor Transport Association and or MMTA Services to initiate ACH debit entries to the financial account listed above.

Authorized Signature: _____

Date: _____

AUTHORIZING ACCOUNT HOLDER TO WHOM INQUIRIES CONCERNING ACH TRANSFERS ARE TO BE DIRECTED.

Name: _____

Address: _____

Work Phone: _____ E-Mail _____

Questions please call Bill (207-622-4128) or E-mail BillIN@MMTA.com

Please Return Authorization Form to BillIN@MMTA.com