



## ACH Authorization Agreement

I hereby authorize CourseStorm to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold CourseStorm responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This Agreement will remain in effect until CourseStorm receives a written notice of cancellation from me or my financial institution, or until I submit a new signed ACH Authorization Agreement form to CourseStorm.

If you have any questions regarding this Agreement, please contact CourseStorm at 207-866-0328 or support@coursestorm.com.

## Program Information

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Taxpayer ID No. (EIN): \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Financial Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_