



Become a Member of **The BLC Group**

See how much we can Save you!!

Membership and ACH Acknowledgement

ACH Agreement CREDIT/DEBIT AUTHORIZATION FORM

I (WE) hereby authorize the bank (Northwest Bank), to initiate entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Bank, (Northwest Bank), is notified by me (us) in writing to cancel this agreement and to allow such time as to afford the Bank, (Northwest Bank), a reasonable opportunity to act on such a request.

Name/address of the **client account**

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ SS# or Fed ID: _____

Contact Person: _____ Email: _____

Name and address of **financial institution** to be credited or debited

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing#: _____ Phone: _____

Account#: _____ [] Checking [] Savings

Monthly BLC Group Service fee \$ 9.50 debits occur on or about the 1st of the month.

Name of Financial Institution debit or credit is going to:

Name: Northwest Bank 14320 Arbor St. Omaha, NE Routing # 273970682

Signature of Authorized Person: _____

Title of Authorized Person: _____ Date: _____

ATTACH A VOIDED CHECK You may fax a completed form to 888-498-8503
or email to john@blcgroup.net or sarah@blcgroup.net

