



## ACH Authorization Form

Vendor Information		
Vendor Name	Vendor Email	
Vendor Street Address		
City	State	ZIP
Vendor's Contact Name		Phone #
ACH Status		
Start <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>

Authorization Agreement	
<p>By signing via handwritten or electronic signature I hereby confirm my authority to issue these instructions to authorize <b>Capitol Christian Music Group</b> to initiate automatic deposits via ACH to my account at the financial institution named below. I also authorize <b>Capitol Christian Music Group</b> to make withdrawals from this account in the event that a credit entry is made in error.</p> <p>Further, I agree not to hold <b>Capitol Christian Music Group</b> 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.</p> <p>This authorization will remain in effect until <b>Capitol Christian Music Group</b> receives prior written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. Changes require 7 business days to process.</p>	
Vendor's Signature	Date

Banking Information	
Name on Bank Account (Must Match the Vendor Named Above)	
Name of Bank	Phone # of Bank Branch
Bank Address (Street, City, State, ZIP)	
Bank Account Number	ABA Routing Number

Please send completed form either by email ([roystmt@capitolcmg.com](mailto:roystmt@capitolcmg.com)), or mail to:  
 Capitol CMG  
 Attn: Royalties - ACH  
 PO Box 5085  
 Brentwood, TN 37024-5085