



Company Name _____

Please complete to add a new ACH user:

New User's Name: _____

Email Address: _____ Phone Number: _____

Access to all current accounts?: Yes No

If 'No,' accounts to access: _____

Authority to: Submit Verify Authorize All

Signatures: An authorized signer on account(s) along with the authorized ACH Originator specified above must sign this form to begin using ACH.

Authorized Originator: _____ Date: _____

Authorized Signer: _____ Date: _____

Please complete to replace a current ACH user:

New User's Name: _____

Email Address: _____ Phone Number: _____

User's name to be replaced: _____

Signatures: An authorized signer on account(s) along with the *new* authorized ACH Originator specified above must sign this form to begin using ACH.

Authorized Originator: _____ Date: _____

Authorized Signer: _____ Date: _____

Please complete to remove a current ACH user:

User's name to be removed: _____

Signature: An authorized signer on account(s) must sign this form to remove ACH Originator specified above.

Authorized Signer _____ Date: _____

Please fax completed form to 816-881-8261 Attn: ACH Dept
 Send ORIGINAL copy to:
 Missouri Bank ♦ 1044 Main St ♦ Kansas City, MO 64105 ATTN: ACH Dept