



## RCAB Central Billing Debit Form

To become part of the RCAB Central Billing Debit Program all participants must complete this form and attach a void check. Each member should also confirm with his/her bank that the account is set up for debit EFT/ACH transactions.

### Participant Information

Parish/Institution Name: \_\_\_\_\_

Parish/Institution Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Banking Information

Name on Bank Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**Signature of Authorized Signer** \_\_\_\_\_

### **Sample check:**

Routing Number – this is the first group of 9 numbers on the bottom left part of the check

Bank Account Number – this is the group of numbers immediately after the routing number

Bank Name - as it appears on the check

Bank Account Type – please indicate checking or savings

|                              |                       |
|------------------------------|-----------------------|
| RCAB                         |                       |
| 999 Hope St.                 | 123                   |
| Somewhere, MA                |                       |
|                              | Date _____            |
| Pay to the order of _____ \$ |                       |
| _____ dollars                |                       |
| Central Bank                 |                       |
| Memo _____                   |                       |
| <b>A012106664a</b>           | <b>021111999c 123</b> |

Routing or ABA Number

Checking/Savings Account Number

**Please return this form to:**

**RCAB CMB  
Attn: Theresa Gardner  
66 Brooks Drive  
Braintree, MA 02184**

**If you have any questions please contact Theresa Gardner at (617) 746-5609 or by fax at (617) 746-5973.**