



## 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	123
999 Hope St.	
Somewhere, MA	
Pay to the order of _____ \$	Date _____
_____ dollars	
Central Bank	
Memo _____	
<b>012106664</b>	<b>02111199977 123</b>

Routing or ABA Number	Checking/Savings Account Number
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**Please return this form to:**

**RCAB CMB  
Attn: Finance Department  
66 Brooks Drive  
Braintree, MA 02184  
Fax (617) 746-5973**

**If you have any questions please contact Rani Arsenault at (617) 746-5713 or ar@rcab.org.**