

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS/PAYMENTS (ACH DEPOSITS/CREDITS)

Company Name _____ Tax Identification Number _____

I (We) hereby authorize Capital For Change, Inc. and/or the Connecticut Energy Efficiency Finance Company to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, or to reverse a credit entry or portion thereof (in the case of an error) to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

9-Digit Routing Number* _ _ _ _ _ Account Number _____

This authorization is to remain in full force and effect until Capital For Change, Inc. and/or the Connecticut Energy Efficiency Finance Company has received written notification from COMPANY of its termination in such time and in such manner as to afford Capital For Change, Inc. and/or the Connecticut Energy Efficiency Finance Company a reasonable opportunity to act on it.

Name(s) _____ Title _____
(Please Print)

Telephone _____ Fax _____

Email Address _____ Email Address: _____

Date _____ Signature _____

NOTE: The COMPANY may revoke the authorization only by notifying Capital For Change, Inc. (C4C) and/or the Connecticut Energy Efficiency Finance Company in writing, in the manner specified in this Authorization Form.

Please include a voided check and return both items to: C4C, Attn: Contractor Approval, 121 Tremont Street, Hartford CT 06105

***Please confirm with your bank that this is the correct routing number to use for ACH transactions**