Dear Commonwealth Customer:

If you would like to save on the cost of checks, postage and envelopes when making your payments to Commonwealth each month sign up for our Direct Debit Authorization Program.

It is easy, just complete the attached Direct Authorization Form and send to my attention by fax 703-450-2949 or mail to 21205 Ridgetop Circle, Sterling, VA 20166.

After we receive your information we will set up the direct debit with our bank and then you can begin paying your invoices without the traditional costs of checks, envelopes and postage. You will continue to receive your monthly invoices and they will be marked with the letters ACH. We process the Direct Debits when the invoice is generated and you will receive the receipt via email for Virtual Check Order Confirmation.

If you have any questions please feel free to contact me.

Sincerely,

Charlene K. Miller
Accounts Receivable Manager
charlene@comdos.com
703-450-2948

DIRECT DEBIT AUTHORIZATION

Company Name_____

Company ID#/Account #_____

Contact _____ **Title**_____

Phone # _____**Fax #**_____

Contact email address_____

Federal ID#_____ **OR Social Security #**_____

Bank Name_____

Bank Address_____

Bank Contact Name_____ **Phone #**_____

Account Type ☐ **Checking** ☐ **Savings**

Bank Routing Number_____

Bank Account Number_____

By my (our) authorized signature, I (we) authorized Commonwealth Copy Products, Inc., dba Commonwealth Digital Office Solutions, herein called CDOS, to initiate Automatic Clearinghouse (ACH) Debits to my (our) account indicated above at the depository financial institution. The authorization also allows CDOS to make any necessary corrections and/or adjustments to the entries, including debits to my (our) account. This agreement will remain in full force and effect until CDOS has received written notification of your termination in such time and in such manner as to afford CDOS and the Bank a reasonable opportunity to act on it. In consideration of enrolling this customer in the Direct Deposit program, and for other good and valuable consideration, this customer hereby releases CDOS from all liability of any kind, whether now existing or hereafter arising, which arises out of or relates to the customer's reliance on this authorization. Customer represents that the information contained in this authorization is accurate and agrees that CDOS is entitled to rely on this authorization without further inquiry.

Date_____

Authorized by:_____

Name:_____**Title:**_____