

# Agent ACH Enrollment Form for Electronic Payment Option



This form is used to provide payment related information for us to keep on file. It will be used to submit to your financial institution when you or your agents select Electronic Payment option at checkout on Centrav.com.

Is this a change to an existing Electronic Payment Account on file? NO  YES

## Agency Information:

Agency Name:	
Agency Address:	
Accounting Contact Person:	Phone Number:
Email:	
ARC number(s):	

I authorize our agents to pay for bookings on Centrav.com by debiting the bank account listed below at time of ticketing when our agents select the Electronic Payment Option at checkout. I agree to immediately inform Centrav in writing, of any changes in status or termination of agents, in order to restrict their payment options or sign-in. I understand there are no fees for this service, however in the event a payment is returned due to non-sufficient funds, a closed account, inability to locate account, or invalid account number, I agree to reimburse Centrav all service fees. This authority will remain in effect until I cancel it in writing.

## Financial Institution Information

Bank Name																					
Bank Address:																					
Bank Routing (ABA) Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Bank Account Number:																					
Owner or Authorized Manager Signature:	Date:																				
Print Name:	Title:																				

A **voided check** must accompany this form to complete registration.

Please fax to 800-255-6138 or email: [payments@Centrav.com](mailto:payments@Centrav.com)

