US Marine Corps, Personal and Family Readiness Division
Marine Corps Exchange Centralized Accounts Payable

ACH Application Form

I hereby authorize the U.S. Marine Corps Personal and Family Readiness Division, Marine Corps Exchange Centralized Accounts Payable, hereinafter called MCCS-MRF, to initiate credit and debit entries to the account indicated below, with the financial institution named below, hereinafter called DEPOSITORY, to credit or debit the same to such account. All fees and charges that may be applied by the DEPOSITORY for the receipt and processing of transfers will be my sole responsibility. This authority is to remain in full force and effect until such time as MCCS-MRF has received written notification from me of its termination/change. Written notification shall be provided to MCCS-MRF at least thirty (30) working days prior to the effective date of termination/change.

Check One: I am not currently participating in the MCCS-MRF ACH Program.
(X) ADD – Credit/Debit my payment to the account shown.

I am currently participating in the MCCS-MRF ACH Program.
( ) CHANGE – Change financial institutions and/or account number.
( ) CANCEL – Stop my participation in the program.

Name as shown on invoice:		AXS-One Vendor ID:	
Address:			
City:	State:	Zip:	
Accounts Receivable (AR) Point of Contact (POC) Name:			
AR POC Telephone Number:	AR POC Fax Number:	AR POC E-mail Address:	
ACH Notification and Remittance Information Choice (Check one Box):		Via FAX	Via E-Mail

Depositor Account Number:																		
Name of Financial Institution:																		
Street Address:											Phone:							
City:					State:						Zip:							
Routing Number:																		
Depositor Account Title:																		

Tax ID Number (TIN) for Business: Social Security Number (SS) for Individual:	N/A

Signature:_____ Date:_____

Printed Name & Title:_____

To be completed by MCCS:			
Date Received:		AXS-One Vendor ID:	
Date Completed:		ACH Remit ID:	
Completed By:			

PRIVACY ACT STATEMENT – The following information is provided to comply with the Privacy Act of 1974.
All information collected on this form is required under the provisions of the Federal Financial Management Act of 1994, Section 3332 of title 31 of U.S.C.
This information will be used by the MCCS Financial Management Office to transmit payment data, by electronic means to vendor's financial institution.
Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Program.