

Automatic Cash from Home is the simple way to add funds to your Commerce Checking account.

You can set up your Commerce Student Checking account to receive **Automatic Cash from Home** each month (\$50 minimum). It could come from your parents' account back home or your savings account from last summer's paychecks.

We all need a little boost in the middle of the month. With a preauthorized debit, you can count on those funds being in your Student Checking account on the same day each month. **Automatic Cash from Home** is a great way to manage your college expenses.

Complete the form inside this brochure, attach a voided check or savings deposit slip, seal it shut and you're all set. Postage is paid; just drop it in the mail. Contact the Branch Manager of the location where you received this form if you have questions.

Automatic Cash from Home. Another convenient function provided to you by Commerce Bank. ACH debits and credits are through the Automated Clearing House Network (ACH Network).

call click come by

commercebank.com/students



Automatic Cash from Home

ask listen solve



The hands-off way to add cash to a student's account

COMMERCE BANK
PO BOX 1018
COLUMBIA MO 65205-9966

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 362 COLUMBIA MO
POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Student Checking Preauthorized Funds Transfers

**DIRECT DEPOSITS TO
Commerce Bank Student Checking account**
(ACH ENTRIES) AUTHORIZATION AGREEMENT

**STUDENT ACCOUNT HOLDER
COMPLETE THIS SECTION**

ACCOUNT HOLDER'S NAME:

ACCOUNT HOLDER'S SOCIAL SECURITY #:

ACCOUNT HOLDER'S ADDRESS:

PHONE NUMBER: (____) _____ - _____

E-MAIL: _____

Commerce Bank
P.O. Box 1018
Columbia, MO 65205

STUDENT CHECKING ACCOUNT #:

University Attending: _____

I authorize Commerce Bank to make ACH credit entries to my Student account at Commerce Bank indicated above. I acknowledge that the origination of ACH transactions to my account will comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the date of expiration specified on this form or two years from the date of first transfer. If I wish to terminate the existing agreement, I will send written notification to **Commerce Bank, P.O. Box 1018, Columbia, MO 65205**, and allow the bank reasonable opportunity to act on the notice. Commerce Bank may terminate this Agreement at any time, with or without notice.

X

ACCOUNT HOLDER'S SIGNATURE

DATE

**DIRECT PAYMENTS FROM
Other Account**

(ACH DEBITS) AUTHORIZATION AGREEMENT

**PARENT/OTHER ACCOUNT HOLDER
COMPLETE THIS SECTION**

ACCOUNT HOLDERS ON ACCOUNT TO DEBIT:

NAME: _____ SSN: ____-____-_____

NAME: _____ SSN: ____-____-_____

ACCOUNT HOLDER'S ADDRESS: _____

PHONE NUMBERS:

Work: (____) _____ - _____ Home: (____) _____ - _____

E-MAIL: _____

**PLEASE ATTACH A VOIDED CHECK
OR DEPOSIT SLIP**

BANK NAME: _____

BRANCH ADDRESS: _____

BANK ROUTING NUMBER: _____

ACCOUNT #: _____ CHECKING

SAVINGS

PLEASE INDICATE TERMS OF TRANSFER

Monthly transfer to begin on the **1ST 15TH** (circle one or both) of the month in the amount of \$ _____ (\$50 minimum)

DATE OF FIRST TRANSFER: _____

If the 1st or 15th falls on a holiday or weekend day, the transaction will take place on the next business day.

EXPIRATION DATE: _____

If none specified, agreement will expire in two years from date of first transfer.

**ALL PARTIES MUST SIGN FORM BEFORE A
COMMERCE EMPLOYEE OR NOTARY**

I (we) authorize Commerce Bank to make ACH debit entries from my/our account at the depository financial institution named above. I (we) acknowledge that the origination of ACH transactions to my (our) account will comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the date of expiration specified on this form or two years from the date of first transfer. If I/we wish to terminate or modify the existing agreement, I/we will send written notification to **Commerce Bank, P.O. Box 1018, Columbia, MO 65205**, and allow the bank reasonable opportunity to act on this notice. Commerce Bank may terminate this agreement at any time, with or without notice.

X

Account Holder's Signature(s)

Date

X

Account Holder's Signature(s)

Date

Commerce Employee: _____

State of _____

County of _____

Signed or attested by me on _____

Notary Signature

My Commission Expires

**To learn more about budgeting
and managing your finances
visit our Learning Center at
commercebank.com/learn**



Commerce Bank
Member FDIC