

# GA CCSP COST SHARE

## AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Payroll Agent: Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206

Phone: 877-824-9353  
Fax: 480-461-5715

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate debit entries for the purpose of collecting my cost share as outlined by the GA CCSP and, if necessary, credit entries for the purpose of correcting an erroneous debit previously initiated from my account indicated below. I further authorize the Financial Institution named below to accept such entries and to debit or credit the amount thereof to such account.

Attach a **voided check** for checking account(s) or contact your bank to have them provide you with a printout that provides the routing number and account information for your savings accounts. Any changes to your account(s) must be submitted immediately!

<input type="checkbox"/> <b>New Account</b>	<input type="checkbox"/> <b>Change of Account</b>	<input type="checkbox"/> <b>Cancellation</b>
<input type="checkbox"/> <b>checking</b> (attach a voided check)		
<input type="checkbox"/> <b>savings</b> (attach printout from bank with routing and account information)		
_____	_____	
Financial Institution Name	Branch Name and Phone Number	
_____	_____	_____
Address	City	State
_____	_____	_____
	Day of Month for Withdrawal	_____
Account Routing Number	Account Number	(must be between 1 <sup>st</sup> and 16 <sup>th</sup> , if no date is given, the 15 <sup>th</sup> will be used)

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

By signing below, I hereby authorize and agree that Company may withdraw my CCSP cost share amount from the bank account designated above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number