



America's better choice.™

Via FAX: (800) 237-0692

Dear ACH Department:

Please change the bank account that my TMS account debits from. My TMS Account information is as follows:

TMS Account # _____

Mailer Agreement # _____

Company Name: _____

My **new** banking information is as follows:

New 9-digit ABA Routing number _____

New Bank Name _____

New Account number _____

PLEASE INCLUDE A VOIDED CHECK FROM THIS NEW ACCOUNT.

I hereby authorize Hasler, Inc to initiate debit entries and adjustments to my specified account. This authority is to remain in full force and effect until Hasler, Inc has received from me or my company 30 days advance written notification of its termination.

I further understand that there is a \$10.00 processing fee for changing the account information above. This fee will be directly debited from the NEW account above.

Name (print) _____

Authorized Signature _____ Date _____

Phone # _____ Fax # _____

Note: TMS will not process without ALL of the information above filled out.

This request will be processed within 2-3 business days of receipt.

For TMS Use only: Processed by _____ Date: _____