



RCAB Central Billing Debit Form

To become part of the RCAB Central Billing Debit Program all participants must complete this form and attach a void check. Each member should also confirm with his/her bank that the account is set up for debit EFT/ACH transactions.

Participant Information

Parish/Institution Name: _____

Parish/Institution Number: _____

Mailing Address: _____

Banking Information

Name on Bank Account: _____

Routing Number: _____

Bank Account Type: _____

Bank Name: _____

Bank Account Number: _____

Signature of Authorized Signer _____

Sample check:

Routing Number – this is the first group of 9 numbers on the bottom left part of the check

Bank Account Number – this is the group of numbers immediately after the routing number

Bank Name - as it appears on the check

Bank Account Type – please indicate checking or savings

RCAB		123
999 Hope St.		
Somewhere, MA		Date _____
Pay to the order of _____ \$		
_____ dollars		
Central Bank		
Memo _____		
012106664	02111199977	123

Routing or ABA Number	Checking/Savings Account Number
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Please return this form to:

**RCAB CMB
Attn: Finance Department
66 Brooks Drive
Braintree, MA 02184
Fax (617) 746-5973**

If you have any questions please contact Rani Arsenault at (617) 746-5713 or ar@rcab.org.