

# National Adjutancy

## ACH / Payment Check by Phone Authorization Form

COGIC Adjutancy  
1301 East Bay Street  
Winter Garden, FL 34787

Fax:  
The Web:  
Phone:

1.866.266.9182 (secure)  
www.cogicadjutancy.org  
888-7Adjutant (888-723-5882)

### ACCOUNTHOLDER INFORMATION

Accountholder name \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bank account number \_\_\_\_\_

Routing number of bank \_\_\_\_\_  
(9 digits listed on bottom of your checks)

Account Type (Check one)    Checking    Savings    Other: \_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Email address \_\_\_\_\_

### INVOICE INFORMATION

Description of your purchase \_\_\_\_\_

Amount to charge bank account \_\_\_\_\_

*\*\*Please note, if you are registering for the 2009 Summer Academy, you must send a signed "Registration and Renewal Form"\*\**

### PAYMENT AGREEMENT

I (we) hereby authorize the National Adjutancy's financial institution to debit my (our) account for the amount listed above

Accountholder Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please fax this form and a copy of the voided check to 866-266-9182**