

# Cat Financial Commercial Account

## ACH AUTHORIZATION FORM CUSTOMER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Cat Financial Commercial Account #: \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

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With this form, I authorize Cat Financial Commercial Account Corporation to create an ACH payment from my bank (financial institution) in the amount for the (please select only one option):

Minimum Payment Due

Full Balance on the account

I understand the applicable amount will be deducted from my account on the due date stated on my monthly Cat Financial Commercial Account statement.

Please note: If you are establishing ACH for the first time on your account or are changing account information, your account must go through one cycle period. Therefore if you have a payment due now, your first payment must be made via check, phone, online, or IVR.

**Please attach a copy of a voided check when you return this form.**

Signature: \_\_\_\_\_

### **RETURN INFORMATION**

Please email to  
OR

[commercialaccount.operations@cat.com](mailto:commercialaccount.operations@cat.com)

Fax to attention of:

Cat Financial Commercial Account Operations  
Fax #: 1-888-244-0294