

**SCRIP AUTOMATIC DEBIT PAYMENT FORM**  
**PLEASE COMPLETE AND RETURN TO CBI**

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WOULD LIKE TO ORDER THE FOLLOWING AMOUNTS:

STOP AND SHOP \$ \_\_\_\_\_

RIVER VALLEY \$ \_\_\_\_\_

BIG Y \$ \_\_\_\_\_ SERIOS \$ \_\_\_\_\_

NORTHAMPTON GIFT CARD \$ \_\_\_\_\_

**TOTAL MONTHLY DEBIT \$ \_\_\_\_\_**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing,

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

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**(Signature)**

**(Date)**

**PLEASE BE SURE TO RETURN THIS FORM WITH  
A VOIDED CHECK FROM YOUR ACCOUNT TO:**

**CBI  
253 PROSPECT STREET  
NORTHAMPTON, MA 01060**