

ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT

New ACH

Change ACH

Cancel ACH

COMPANY INFORMATION

Company Name: _____

VENDOR/PAYEE INFORMATION

Name of Vendor: _____

Address: _____

Vendor Phone Number: _____

Contact Name: _____

Tax Identification Number: _____

BANK INFORMATION

Bank Name: _____

Routing (ABA) #: _____ Account#: _____

Choose Account Type: Checking Savings

You must provide a voided check or verification letter from your financial institution of your account verifying the vendor name, Bank Routing Number (9-digit ABA Number that can receive ACH credits) and your account number.

AUTHORIZATION

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the Company to transmit payments, to the Vendor's account at the financial institution (hereafter called "Bank") as indicated on this form above. I certify that I am authorized to enter into this agreement on behalf of the account holder.

Further, I authorize Bank to accept and credit any credit entries indicated by Company to the account. To the extent permitted by law, in the event that Company credits funds erroneously into Vendor's account, I authorize Company to debit my account not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice of change or termination in such time and manner as to afford Company and Bank reasonable opportunity to act on it.

Name of Authorized: _____ Title of Authorized: _____

Authorized Signature: _____