

VENDOR ACH / DIRECT DEPOSIT AUTHORIZATION FORM

Company Name: _____

Vendor Name: _____

Vendor Address: _____

City, State, ZIP: _____

Bank Information:

Bank Name: _____

Bank Address: _____

City, State, ZIP: _____

Routing Number: _____

Account Number: _____

Account Type: _____ (Checking / Savings)

Authorization:

I hereby authorize the above-named company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated above. This authorization is to remain in full force and effect until the company has received written notification from me of its termination in such time and manner as to afford the company and the financial institution a reasonable opportunity to act on it.

Vendor Contact Information:

Contact Name: _____

Phone Number: _____

Email Address: _____

Signature:

Authorized Vendor Signature: _____

Printed Name: _____

Title: _____

Date: _____

Legal Disclaimer and Compliance:

Vendor certifies that the information provided in this form is true and accurate, and agrees to indemnify and hold harmless the company from any claims, losses, or damages arising from inaccurate or incomplete information. Vendor agrees to comply with all applicable United States laws and regulations regarding electronic funds transfers and banking. This authorization is governed by the laws of the United States of America.

Instructions:

Please attach a voided check or bank letter confirming the account information provided. Return the completed form to the accounts payable department by mail or email as instructed.

VENDOR'S SIGNATURE

COMPANY REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

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