



ELECTRONIC FUNDS TRANSFER PAYMENT AUTHORIZATION

ID# (internal use only): _____

All Items **MUST** be completed by Vendor

COMPANY INFORMATION

COMPANY NAME & ADDRESS (Please enter your invoiced 'REMIT TO' address)

COMPANY US FEDERAL TAX ID NO. (must match W-9): _____

COMPANY CONTACT PERSON & PHONE: _____

E-MAIL ADDRESS FOR PAYMENT REMITTANCE: _____

EFT/ACH (DIRECT DEPOSIT) - COMPANY BANK INFORMATION

BANK ABA TRANSIT ROUTING NUMBER: _____
Enter bank ABA routing number associated with Electronic Funds Transfer/ACH payments, **NOT** wire transfers.

PAYEE BANK ACCOUNT NUMBER: _____

PAYEE BANK NAME & ADDRESS:

BANK ACCOUNT TYPE:

Checking Account

Savings Account

Other

This AUTHORIZATION is executed on behalf of PAYEE, effective as of the date entered below, by:

★ SIGNATURE

★ TITLE

★ PRINTED NAME

★ DATE