



VENDOR ACH AUTHORIZATION FORM

SECTION I - VENDOR INFORMATION

Company Name:	
Address:	
Accounts Receivable Contact:	
Phone:	Email:

SECTION II - AUTHORIZATION AGREEMENT

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) account listed below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law.

Select Type of Account : ☐ Checking ☐ Savings

Bank Name: _____ Branch: _____
City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the Company has received written notification.