

VENDOR ACH PAYMENT AUTHORIZATION FORM

Vendor Name: _____

Vendor Address: _____

City, State, ZIP: _____

Payment Information:

Bank Name: _____

Bank Address: _____

Bank City, State, ZIP: _____

Bank Telephone: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: _____ Checking Savings

Authorization:

I hereby authorize and request the Company to initiate ACH credit entries to the bank account indicated above for payment of amounts due to me. This authorization is to remain in full force and effect until I notify the Company in writing of its termination in such time and manner as to afford the Company and the bank a reasonable opportunity to act on it. I certify that I am the owner of the account or authorized to act on behalf of the owner, and that all information provided is true and correct.

Terms and Conditions:

1. The Vendor agrees to indemnify and hold harmless the Company against any loss or damage resulting from incorrect or incomplete information provided herein.
2. The Company reserves the right to terminate ACH payments at any time by providing written notice to the Vendor.
3. The Vendor agrees to notify the Company promptly of any changes to the bank account information provided.
4. The Vendor acknowledges that ACH transactions are subject to the rules of the National Automated Clearing House Association (NACHA) and applicable U.S. laws.
5. The Vendor understands that it is responsible for refunding any erroneous payments received through ACH.
6. This authorization is governed by and construed in accordance with the laws of the United States.

VENDOR SIGNATURE

AUTHORIZED COMPANY SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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