

VENDOR PAYMENT AUTHORIZATION

Purpose of Authorization: (check one)

New Authorization
(complete A, B, C and F)

Change to Existing Authorization
(complete A, B, D and F)

Cancellation
(complete A and E)

A. Customer Information

Company Name

Phone Number

Address

City, State, Zip

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

Address

Bank ABA/Routing #

Business Account

Personal Account

Checking

Savings

C. New Authorization Statement

I authorize and request (business name) and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any errors to my account. I also understand I may discontinue this authorization at any time by giving written notice to (business name).

Authorized Signature

Date

D. Change Authorization Statement

I authorize and request (business name) to make the changes indicated on this form for automatic deposit to my account.

Authorized Signature

Date

E. Cancellation Statement

I request (business name) to terminate my authorized automatic deposit to my account. I will allow a reasonable time for (business name) to act upon my request to terminate this agreement.

Authorized Signature

Date

F. Attach a voided check.