



ACH Approval Authorization

Vendor Contact Information

Company Name: _____

Contact Name: _____

Company Address: _____

City, State, and Zip: _____

Telephone Number: _____

Email Address: _____

Vendor Banking Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Phone Number: _____

Type of Bank Account (Circle One): Checking Savings

Bank Account Number: _____

Routing #/ABA #: _____

Swift Code: _____

I authorize our company payment to be sent to the financial institution named above and deposited to the designated account.

Signature:

Name: _____

Title: _____

Date: _____