

# ACH AUTHORIZATION FORM

## Vendor Information

Vendor Name			
Address	City	State	Zip
Accounting/ACH Contact Name (if applicable)	Phone	Fax	
Email Address for Remittance Advice ( <b>**required** DO NOT LEAVE BLANK</b> )			

Above named Vendor hereby authorizes Allegany County Chapter NYSARC, Inc. to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment.

Checking

Banking Information

Savings

Name of Bank	
Bank Routing Number*	Bank Account #

\*Please provide the 9-digit bank routing number from a check. The routing number from a deposit slip is invalid.

**\*\*Submit a copy of a voided check with this form\*\***

If you change banks or accounts, please provide at least thirty (30) days written notice.

## Vendor Authorization:

\_\_\_\_\_  
Authorized Name/Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date