

Please complete on the Company letterhead

AUTOMATED CLEARING HOUSE (ACH) FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ **NY** Zip Code: _____

Bank Contact Name: _____ Phone #: _____

ACH Routing #: _____ **Account #:** _____

ACH COMPANY NAME: _____

Vendor's Authorization:

Please sign below to confirm that you are authorizing **Services for the UnderServed (SUS)** to begin transferring payments to the account mentioned above.

Signature

Title

() _____
Phone Number

Date