

Vendor ACH/Direct Deposit Authorization Form

Please check one: ☐ NEW Direct Deposit ☐ UPDATE Direct Deposit

Instructions

Please fill out all of the information below, and return to accounting@esc.org with a scanned image or photo of a voided check.

Vendor Information:

Vendor/Business Name:			
Vendor/Business Address:			
City, State, & Zip:			
Main Contact Name:			
Business Phone#:		Alt #	
E-Mail Address:			

Financial Institution Information:

Financial Institution Name:			
Financial Institution Address:			
City, State, & Zip:			
Account Name:			
Routing #:		Account #	
Type of Account: (check one)	<input type="checkbox"/> Business	<input type="checkbox"/> Checking Account	
	<input type="checkbox"/> Personal	<input type="checkbox"/> Savings Account	

I hereby authorize ACH/direct deposit to the account listed above for the payment of all invoices sent to Evergreen Safety Council. This authorization will remain in effect until modified or canceled in writing.

Vendor's Name: _____ Signature: _____ Date: _____