



ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT

ACH payment method is preferred and enables Eklund's to quickly and efficiently make payments to supplier partners. To set up ACH payments with Eklund's, please fill out this form and send it back along with a voided check to AP@eklunds.com or fax to 817-488-9158.

I authorize Eklund's Inc. to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If Eklund's erroneously deposits funds into said account, I authorize Eklund's and the financial institution to initiate the necessary transaction(s) to correct the error. This authorization will remain in effect until Eklund's has received written notification from me of its termination and Eklund's has had reasonable opportunity to act upon it. **Changes to the following information will be promptly relayed to Eklund's.**

PLEASE TYPE or PRINT LEGIBLY

Vendor Information:

Vendor Business Name: _____

Vendor Email for ACH Payment Notification: _____

Vendor A/R Contact Name: _____

Vendor A/R Telephone Number: _____

Your Account Number for Eklund's: _____

Banking Information:

Name of the Vendor's Financial Institution: _____

Address of the Financial Institution: _____

Vendor's Bank Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution Routing/ABA# Number: _____

Is this financial institution outside the United States? ☐ No ☐ Yes

Print Name and Title of Vendor Authorized Official

Vendor Authorized Signature

Date

**Please return this completed form AND a voided check copy to
AP@eklunds.com or fax to 817-488-9158**

Internal Use:

EKL V# _____

BCE V# _____

South • Southeast • Midwest • West • Northeast

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