

EFT (ACH) Authorization Form

Welch Allyn, Inc.

Supplier Name: _____

Supplier Address: _____

Treasury Contact: _____

Authorized Signature: _____

Suppliers Bank Information:

Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Bank ABA Number: _____

(9 Digits)

Account Title: _____

Account Number: _____

Preferred Method for Receiving Remittance Advice:

Please select one:

1) Electronic (EDI)**: _____

2) EMAIL - Email Address: _____

3) Faxed - Fax Number: _____

Authorized Signature and Title: _____

Date: _____

** It is the responsibility of the supplier's bank to inform its customer how and when addenda information will be supplied. It will be necessary for you to contact your bank to make arrangements to receive your remittance advice. We will send the information to your bank in an 820, CTX format.

This authority is to remain in effect until the payer has received written notification of termination at such time and in such manner as to afford the payer and payer's bank a reasonable opportunity to act on it. The payer must be notified in writing of any bank account changes/closures a minimum of 30 days in advance. If a change involves a bank other than that listed above, a new EFT form will be required.

Please return completed form to Jerri Sawyer-Field fax 315-685-7889 or Yvette Babiyan fax 315-685-3678.