



Electronic Funds Transfer (ACH) Authorization Form

Supplier Name: _____

Supplier Address: _____

Supplier Treasury Contact: _____

Supplier Telephone#: _____

Supplier's Authorized Signature: _____

Supplier's Bank Information

Bank Name: _____

Bank Address: _____

Bank Contact Name: _____

Bank Contact Phone#: _____

Bank ABA Number (9 Digits): _____

Bank Account Title: _____

Bank Account Number: _____

Supplier's Preferred Method For Receiving Remittance Advice (Please Select One):

- Electronic (EDI) – Note Below*
- E-mail – Please Provide E-mail Address _____
- Fax – Please Provide Fax# _____

Authorized Signature

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. 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 Lisa Teneyck, Fax # 315-685-3678. Outside the US add 001