



Vendor ACH Form

SSN or EIN: _____

Vendor / Payee Name: _____

Remittance Address: _____

Contact Name / Email / Phone #: _____

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Account Holders Name: _____

Bank ACH Routing Number: _____

Bank Account Number: _____

Please attach either a 1) **Voided Check** (The address on the voided check must match the remittance address listed on this form) or a 2) **Bank Letter** (On bank letterhead digitally confirming the account name, account number and bank routing number).

Signature: _____

Date: _____