

Vendor ACH/Direct Deposit Authorization Form

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize VT Group, Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify AP (apdept@vt-group.com) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Accounts Payable in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until VT Group has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via email: apdept@vt-group.com

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

Date Stamp - Received