

# ACH AUTHORIZATION FORM

**Vendor Information**

Vendor Name			Vendor No.
Address	City	ST	Zip
Accounting/ACH Contact Name	Phone		Fax
Email Address for Remittance Advice (** REQUIRED**)			

Above named Vendor hereby authorizes Ontrack Asset Management to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/ reimbursement of goods and/or services.

**Banking Information**

- Checking                       New Setup  
 Saving                                 Change

Name On Bank Account	
Bank Routing Number*	Bank Account#

\*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid

**Submit a copy of a voided check with this form**

If you change banks or accounts please provide at least thirty (30) days written notice.

**Vendor Authorization:**

Authorized Name/Title	Authorized Signature	Date
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