



ACH/WIRE AUTHORIZATION FORM

Vendor Information

Company Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Preferred Currency: _____

Tax Registration # & Country: _____

Bank Information: Bank Name: _____

Bank Account Number: _____

Bank ABA (Routing) Number: _____

SWIFT/BIC Code: _____

IBAN: _____

Bank Address (Branch, Street, City, State/Region, Country & Zip): _____

Method of Payment (Choose One): **ACH WIRE-DOMESTIC WIRE-INTERNATIONAL**

Bank Phone Number: _____

Remittance Advice Method:

Email Address: _____

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed above and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature) (Date) _____