ACH Payment Authorization Form

Vendor Maintenance:	Create a New Record: ☐	Update Existing Record: ☐

Vendor Information:

Company Name				
Contact Name		Contact Phone		
Contact Email		Remittance Email (If Different)		
Address 1				
Address 2		City		
State		Zip Code		Country

Vendor Contact for Bank Validation:

Contact Name		Contact Phone		
Contact Email				

ACH Information:

Bank Name		Checking ☐ Savings ☐		
Account Number		Routing Number/ABA		
IBAN Code (International)		SWIFT/BIC Code (International)		
Bank Address 1		Bank Address 2		
City	State	Zip Code		Country

By signing this, I certify that I give permission to deposit all or part of my invoice payment to the company's bank account and that the information provided is correct to the best of my knowledge. If I wish to cancel or change the account, I must resend this form with the updated information to ap@vertosoft.com.

Printed Name	**Signature**	**Date**

Vertosoft LLC

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