

Vendor ACH Payment Authorization Form

Vendor Information

- Vendor Name: _____
- Vendor ID/Account Number: _____
- Contact Details: _____

Bank Account Information

- Bank Name: _____
- Account Type: Checking Savings
- Routing Number: _____
- Account Number: _____

Payment Details

- Payment Amount: \$ _____
- Payment Frequency: One-Time Recurring
- Start Date: _____

Authorization

I authorize the company to initiate ACH transfers to the account specified above for payment purposes.

Signature Section

- Vendor Signature: _____
- Date: _____