



3000 Executive Parkway, Suite 325  
 San Ramon, CA 94583  
 Phone 925.901.0244 | Fax 925.244.7700

## 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 Edgewood Partners Insurance Center 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  
 Savings       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:

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Authorized Name/Title
Authorized Signature
Date

Accounts Payable Use:	Date Received:	Date Entered:	Entered by:
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