



PO Box 657, Sterling, IL 61081-0657

# ACH Authorization Form

## VENDOR INFORMATION

Legal Business Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Remittance Contact Name: \_\_\_\_\_ Primary Remittance email\* : \_\_\_\_\_

Remittance Contact Phone: \_\_\_\_\_ Secondary Remittance email: \_\_\_\_\_

Terms Option (if necessary)

(Select one)\*\* :    2%/15 Net 35     Net 50

\* Note: The Primary Remittance E-mail field is required, as payment notification and remittance details will be provided via e-mail.

\*\* Note: If a Terms Option is not selected, terms will default to 2%/15 Net 35

## BANKING INFORMATION

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Checking Account ^: \_\_\_\_\_ Transit Routing/ ABA No (9 digit #) ^^: \_\_\_\_\_

^ Note: Checking accounts should be used for ACH payments. If a Savings account is requested, please check the following box - Savings Acct:

^^ Note: Please verify with your bank that the Transit Routing/ABA Number provided is the correct one for ACH transactions, NOT wires. (Must be 9 digits)

## VENDOR AUTHORIZATION

I certify that the above information is true and correct, and that I am authorized to act as a representative for the above named company. Accordingly, I hereby authorize Halo Branded Solutions ("Halo") to electronically deposit payments directly to the designated bank account, and to withdraw from that account, upon Halo's notice to the Bank, any amounts deposited by Halo to which the Vendor is not entitled. The Vendor further authorizes and directs the Bank to accept such deposits and to permit such withdrawals. This authorization is to remain in full force and effect until Halo has received written notification from Vendor of termination, in such time and in such manner, as to afford Halo and/or the Bank reasonable time and opportunity to act on it.

Name of Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail or mail this completed and signed form to the attention of "ACH Team", using of the following options:

Via E-mail: [ACHPayments@HALO.com](mailto:ACHPayments@HALO.com)

Via Mail: ACH Team

HALO Branded Solutions  
PO Box 657, Sterling, IL 61081-0657

## FOR HALO INTERNAL USE ONLY

Received from Vendor: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HALO Employee: \_\_\_\_\_

Date Test ACH Sent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HALO Employee: \_\_\_\_\_

Test ACH Confirmed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HALO Employee: \_\_\_\_\_

Setup in Fourgen/M3: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HALO Employee: \_\_\_\_\_

Vendor Code: \_\_\_\_\_ Primary Remit to Location: \_\_\_\_\_

New Terms Choice Code: \_\_\_\_\_