



ACH Authorization Form

PO Box 657, Sterling, IL 61081-0657

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 **Pre-Paid Vendor** (if necessary)

(Select one)** : 000115 N L OF N L 150

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

** _____

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

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: _____