



SHAPE AMERICA ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for ACH Payments/Direct Deposits. The information being collected on this form will be used by SHAPE America to transmit payment data, by electronic means, to your bank. Failure to provide the requested information may delay or prevent the processing of your payment. It is the individual's responsibility to notify SHAPE America of pertinent payee information and or bank account changes in writing. Please type or print on this form.

PAYEE INFORMATION

NAME: _____
ADDRESS: _____
ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____
SSN.#: _____

BANK INFORMATION

BANK NAME: _____
BANK ADDRESS: _____
BANK ADDRESS: _____
(9) DIGIT ROUTING/ABA NUMBER FOR RECEIVING ACH
PAYMENTS: _____
*(YOU CAN GET THE ROUTING/ABA NUMBER FROM YOUR BANK. CALL AND ASK
THEM WHAT IS THE ABA NUMBER YOU NEED TO GIVE IN ORDER **TO RECEIVE ACH
PAYMENTS** INTO YOUR ACCOUNT)*
BANK ACCOUNT NUMBER: _____
TYPE OF ACCOUNT: CHECKING SAVINGS

SIGNATURE

DATE

Please complete this form:

- (1) Retain one copy for your records
- (2) Return signed copy by fax to:
ACCOUNTS PAYABLE
FAX: 703.476.9537