



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 vendors responsibility to notify SHAPE America of pertinent payee or company information and or bank account changes in writing. This form is required for all vendors/payees. Please type or print on this form.

VENDOR INFORMATION

NAME: _____
ADDRESS: _____
ADDRESS: _____
CONTACT NAME: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____
FEDERAL I.D.#: _____

BANK INFORMATION

BANKNAME: _____
BANK ADDRESS: _____
BANK ADDRESS: _____
(9) DIGIT ROUTING NUMBER: _____
BANK ACCOUNT NUMBER: _____
TYPE OF ACCOUNT: CHECKING SAVINGS
_____ (____) _____

SIGNATURE & TITLE OF REPRESENTATIVE PHONE NUMBER

Please complete this form:

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