

SRNS Vendor Authorization for ACH Deposit of Invoice Payments

1. Fill out this form

2. Attach a copy of a void Check from your checking account
(this applies even if this account is a Master Acct with no checks)

Add _____

Remove _____

Change _____

Section I : Vendor Information

Vendor Name _____

Vendor Address _____

Vendor Accounts Receivable Contact: _____

Vendor Fax #: _____

Vendor Phone #: _____

E-MAIL ADDRESS (PLEASE PRINT) → _____

Section II: Banking Information

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone #: _____

Section III: Deposit Information

Deposit Account Title: _____

Bank Routing/Transit or ABA Number (9 digits): _____

Deposit Account Number: _____

Type of Account: Checking / Lockbox _____ Savings _____

I hereby authorize Savannah River Nuclear Solutions (SRNS) to initiate credit entries to the above bank account for the payment of invoices due to the vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to SRNS either by their company check or by a return ACH transfer initiated through their bank. Additionally, I understand that in the event the above account should be closed or I determine that payment should not be deposited into the above account, it will be my responsibility to notify SRNS Accounts Payable in a timely manner to have the deposits discontinued or redirected to the correct bank account.

Authorizing Officer Signature and Title

Date