

## Vendor Authorization Agreement for Direct Deposit (ACH Credits) of Accounts Payable Disbursements

New Authorization

Update Existing Authorization

Cancel Authorization

Vendor Name	Federal Tax ID Number(s):		
Bank Account Name (if different than vendor name)	Vendor Email Contact Address		
Contact Name	Phone Number		
Vendor Address	City	State	Zip
Financial Institution Name	Contact phone number at financial institution		
City	State	Zip	
Routing Number	Bank Account Number		

Type of Account:      Checking

Savings

Both parties agree that the addendum information will be provided to the customer in the form of an email notification for each invoice paid.

Would you like an email remittance notification? Yes  Remittance Email Address:   
 No

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. I (we) further authorize Community Management Group to initiate credit entries to the account and financial institution listed above.

I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in effect until Community Management Group has received written notification from (us) of its termination in such time and manner as to afford Community Management Group and the depository financial institution a reasonable opportunity to act on it.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_