



## Vendor ACH Authorization Form

### Section I - Vendor Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Section II - Authorization Agreement

I (we) hereby authorize Childers Construction Co., hereinafter called **COMPANY**, to initiate credit entries to my (our) account listed below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law. If not received, please contact **COMPANY** in writing within seven (7) days.

Select Type of Account:  Checking  Savings

Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

\_\_\_\_\_  
Name(s) Please Print

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section III - For Childers Use: System Set-up \_\_\_\_\_ Date: \_\_\_\_\_