



VENDOR PAYMENT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

CITIZENS BANK ID NO. 39-0210030

I (we) hereby authorize CITIZENS BANK to initiate CREDIT entries to my (our) account indicated below, or if necessary, DEBIT adjustments for any CREDIT error to my (our) account as directed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. This authorization is to remain in full force and effect until a request for termination is received by us in writing in such a manner as to afford us a reasonable opportunity to act on it.

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.

PLEASE PRINT:

Financial Institution Name: _____ Routing Number: _____

Credit Account Number: _____ ☐ Checking ☐ Savings

Company Name: _____

Contact Name: _____ Phone Number: _____

Email Address (for payment notifications): _____

Tax ID Number: _____

Signature: _____ Date: _____

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FOR BANK USE ONLY:

Date Rec'd: _____ Date Entered: _____ Date Uploaded: _____ Verified: _____

Initiated: _____ Effective Date: _____ Number: _____

Pay Date: _____ Notes: _____