



Vendor ACH Authorization Form

Please Select One:

NEW ACH	CHANGE ACH	CANCEL ACH
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Vendor Information:

Vendor Name:	
Vendor Number:	SSN / TIN (Last 4 digits):
Address:	
Update Address on File: <i>If selected, address on account will be updated to reflect the above address.</i>	
Contact Name on File (if different than Owner):	
Email Address:	Phone Number:

Financial Institution Information:**All requests MUST INCLUDE a Void Check or Bank Letter.**

Bank Name:		
Name on Bank Account:		
Bank Account Number:		
Nine-Digit Bank Routing/Transit Number (ABA):		
Remittance Email Address (if different than above)*:		
<small>*Remittance Email Address is where notice of ACH deposit will sent.</small>		
Type of Bank Account:	Checking	Savings

Approvals/Authorizations:

I hereby authorize DOUGLAS FAIRBANKS (DF) to initiate automatic deposits to my account via electronic funds transfer (EFT also known as ACH) at the financial institution named above. Further, I agree not to hold DF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization shall remain in full force and effect unless and until I or the financial institution change or cancel such authorization. This authorization shall be deemed changed or canceled 30 days after DF's receipt of a written request from me.

Print Name: _____	Title: _____
Signature: _____	Date: _____

***Please allow 4-6 weeks for payment to be received via direct deposit.
Payment will continue to be issued via Check until ACH request is processed.***

Where to Send:

By Email: AP-DouglasFairbanks@eag1source.com
By Mail: Douglas Fairbanks, C/O EAG Services
P.O. Box 131328 Houston, TX 77219

***For your protection, we do not accept deposit slips, temporary checks, or bank account statements.
If providing a Bank Letter, we will contact you by phone to confirm the authenticity of the Bank Letter.***