Vendor ACH Payment Authorization Form

GROCERY SUPPLY COMPANY

1. Please Check One:

☐ NEW ACH SETUP ☐ CHANGE

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee): **Title:**

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address: **City:** **State:** **Zip**

Name on Bank Account:

Bank Account Number:

Bank Routing/Transit Number (ABA):

4. Remittance Advice Method

Email Address:

5. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize GSC Enterprises, Inc. to electronically deposit payments to the bank account designated above. It is my responsibility to notify GSC immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify GSC in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until GSC has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, herein deemed to be at least (10) business days.

Print Name:_____ Signature:_____ Date:_____

Title: _____

PLEASE ATTACH COPY OF BLANK CHECK OR BANK LETTER WITH SUBMISSION OF THIS FORM

For Office of Accounts Payable Use Only	Date Stamp - Received
AP Reviewed and Approved: Date:	

SUBMIT PRINT