



# ACH for Vendor Payment Request Form

## Vendor Information

Business Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Bank Information

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA (Routing Number): \_\_\_\_\_

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

Bank Phone Number: \_\_\_\_\_

## Remittance Advice Method:

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

*The authority for ACH payment shall remain in full force and effect until The Food Depot receives written notification of your intent to terminate in such time and manner as to afford The Food Depot a reasonable opportunity to respond.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_