

## **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 fource 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.

Sig	nature:	
Printed	Name:	
	Title:	
	Date:	
The Food Depot	Telephone: (505) 510-5856	
1222 A Siler Road	Fax: (505) 471-2025	www.thefooddepot.org
Santa Fe, New Mexico 87507	Email: accounting@thefooddepot.org	EIN 85-0416803