



Vendor ACH Authorization Form

Section I - Vendor Information

Company Name: _____

Address: _____

State: _____ Zip Code: _____

Accounts Receivable Contact: _____

Phone: _____ E-Mail: _____

Section II - Authorization Agreement

I (we) hereby authorize **Childers Construction Co.**, hereinafter called **COMPANY**, to initiate credit entries to my (our) account listed below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law. If not received, please contact **COMPANY** in writing within seven (7) days.

Select Type of Account: Checking Savings

Depository Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s) Please Print

ID#

Signature

Date

Section III - For Childers Use: System Set-up _____ Date: _____
