



Vendor Information .....

Vendor Name [ ]
Address [ ]
Acc / ACH [ ]
Contact Name [ ]
E-mail [ ]

Vendor N# [ ]
City [ ] State [ ]
Zip [ ] Country [ ]
Phone [ ] Fax [ ]

\*\*\*EMAIL ADDRESS TO SEND ELECTRONIC REMITTANCE ADVICE (\*\*Required\*\*)

Above named Vendor hereby authorizes Distritech to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/remimbusement of goods and/or services.

Banking Information .....

Name of Bank Account [ ]
Address [ ]

Type of Acc [ ] Checking [ ] New Setup
[ ] Savings [ ] Change

Bank Routing # [ ] Bank Account # [ ]

\*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.

Also, make sure you provide correct ABA/Routing number, some bank use one ABA for ACH payments and another one for Wire Transfers If you change banks or accounts please provide at least thirty (30) days written notice.

Vendor Authirization:

Authorized Name/Title [ ]

Authorized Signature [ ]

Please fill out form and e-mail to accounting@distritech.com

Date [ ]

Notes .....

[ ]