



AUTHORIZATION AGREEMENT FOR ACH DEPOSIT OF SUPPLIER PAYMENT

Note: Completed form must be returned by one of the following methods:

Mail: Paychex, Inc
911 Panorama Trail South
Attn: Corporate Accounts Payable Department
Rochester, NY 14625

Email: supplierregistration@paychex.com

Fax: (585)387-7025

Today's Date: _____ **Payee Name:** _____

*** Remittance Address listed on invoices:** _____

City: _____ **State:** _____ **Zip:** _____

* Please attach a list of other Addresses that you may have on invoices for this bank account.

We hereby authorize and direct Paychex, Inc. to credit our supplier payments to the following account,

FEIN (Federal Employer Identification Number): _____ - _____

Bank Routing Transit No (ABA): _____ **Account Number** _____

E-mail address: _____ for remittance advice.

We hereby understand that our account will be credited two banking days after the ACH process has taken place.

This authorization and direction will be in effect until we notify Paychex, Inc. in writing of a change in our financial Institution and/or bank account. ACH deposit will begin with the next payment issued after this form has been returned to Paychex, Inc. Accounts Payable if valid account and bank transit information has been provided.

We hereby release Paychex, Inc. and agree to hold it harmless from any liability or claims resulting from use of ACH deposits for supplier's account.

Authorized Signature: _____ **Date:** _____
(Full name)

Print Name: _____ **Phone No:** _____
(Your Full name and not company name and Job Title)