



ACH REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____

E-Mail Address: _____

Banking Information:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ABA Routing #: _____ Account #: _____

Account Type: Checking _____ Savings _____
(Please check only one)

Vendor Authorization:

By signing below, the signer is authorizing UWS to make electronic payments to the above referenced bank account, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until UWS is notified by the authorized signer in writing to cancel it in such time as to afford UWS and its bank a reasonable opportunity to act on it.

_____	_____	_____
Authorized Signature	Print Name	Title

_____	_____
Phone No.	E-mail