ELECTRONIC FUNDS TRANSFER (EFT/ACH)
VENDOR PAYMENT ENROLLMENT FORM

We are pleased to provide electronic funds transfer as a method of payment for all vendor related invoices.

Client Acronym or Point of Contact: CRS

VENDOR INFORMATION

Vendor Name:
Name on bank account (if different than vendor name)**:**
Address:
A/R Contact Person:
Phone:
Email:

FINANCIAL INSTITUTION INFORMATION

Bank Name:
Bank Routing Number (9 digits):
Bank Account Number:
Type of Account: Business Checking ☐ **Business Savings** ☐ **Personal Checking** ☐ **Personal Savings** ☐

International Banking Information:

Bank Name:_____

Bank Address:_____

_____

_____

Currency On Invoice: USD **Payment Currency:** USD

Bank Account Number:_____

IBAN: _____

Swift Code: _____

VENDOR SIGNATURE AND AUTHORIZATION

I hereby authorize deposits via EFT/ACH to be made to the account indicated above for the purpose of paying vendor invoices.

Authorized Signature _____ **Date** _____

This form can be returned via fax to fax number +1 856-823-1462. Thank you.