|  |
| --- |
|  |
| **Best Buddies International Inc. ACH Setup** |
| 1. Date: |
| 2. Vendor Name: |
| 3. Address: |
| 4. City: |
| 5. State: |
| 6. Zip Code: |
| 7. Fed Tax ID#  |
|  |
| **BANK INFORMATION** |
| 8. Vendor Name as it appears on Account:  |
| 9. Bank Name:  |
| 10. Bank Address:  |
| 11 Bank Account #: Account Type: Checking \_\_Savings\_\_ |
| 12. ACH Routing # (9 digits)  |
| 13. Send Remit advise to (Email Address):  |
| \*\*\*\*Please make sure the account information provided can accept ACH payments\*\*\* |
|  |
|  |
| **I certify that I am an authorized representative of the above stated vendor account:** |
| Signature:  |
| Name (Printed):  |
| Title:  |
|  |
| **Please complete and return form to Accounts Payable at** |
| accountspayable@bestbuddies.org |