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| **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](mailto:accountspayable@bestbuddies.org) |