

Supplier Direct Deposit Agreement

Date: [Insert Date]

[Supplier Name]

[Supplier Address]

[City, State, Zip Code]

Dear [Supplier Name],

We are pleased to offer you the option to receive payments via Direct Deposit. This ensures faster and more secure transactions.

To enroll in the Direct Deposit program, please provide the following information:

- Bank Name: _____
- Account Number: _____
- Routing Number: _____
- Type of Account: [☐] Checking [☐] Savings

Please sign below to authorize this agreement:

[Supplier Signature]

DATE: _____

We appreciate your cooperation and look forward to continuing our business relationship.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Company Address]

[City, State, Zip Code]