

Supplier Direct Deposit Authorization Form

Date: _____

To: [Supplier's Name]

[Supplier's Address]

[City, State, Zip Code]

Subject: Authorization for Direct Deposit

Dear [Supplier's Name],

We are pleased to offer you the option to receive payments via direct deposit. This method ensures that your funds are transferred directly to your bank account, providing you with a quick and secure way to receive payments.

Please fill out the information below to authorize the direct deposit to your designated bank account:

Supplier Information

Supplier Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Bank Account Information

Bank Name: _____

Bank Address: _____

City, State, Zip Code: _____

Account Number: _____

Routing Number: _____

Type of Account: [] Checking [] Savings

Authorization

By signing below, I authorize [Company Name] to initiate direct deposits to the account specified above and, if necessary, to initiate adjustments for any transactions credited/debited in error.

Supplier Signature: _____

Date: _____

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]