

# Fund Transfer Authorization for Vendor Payments

**Date:** [Insert Date]

**From:**

[Your Company Name]  
[Your Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

**To:**

[Vendor Name]  
[Vendor Address]  
[City, State, Zip Code]

Dear [Vendor Contact Name],

We hereby authorize the transfer of funds for the payment of invoice #[Invoice Number] dated [Invoice Date]. The total amount payable is [Amount] and the payment should be processed by [Payment Due Date].

Please find the details for the fund transfer below:

**Bank Name:** [Bank Name]  
**Account Name:** [Account Name]  
**Account Number:** [Account Number]  
**Routing Number:** [Routing Number]  
**SWIFT/BIC Code:** [SWIFT/BIC Code]

Should you require any further information or documentation, please do not hesitate to contact us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Job Title]  
[Your Company Name]