

Direct Deposit Authorization for Vendor Invoices

Date: [Insert Date]

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

Dear [Vendor Name],

This letter serves as authorization for the direct deposit of payments related to our invoices into the account specified below. We wish to streamline our payment process and ensure timely deposit of funds.

Bank Account Information:

Account Name: [Insert Account Name]

Bank Name: [Insert Bank Name]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

Please consider this authorization effective immediately upon receipt of this letter. Should any changes occur in the future, we will provide an updated authorization.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]
[Your Company Address]