

BSRA Supplier Authorization for ACH Deposit of Invoice Payments

1. Complete all sections of the form.
Complete electronically or print.

2. Attach a copy of a voided check from your checking account.
Or, provide a bank letter from the depository bank.

Section I : Supplier Remit Information

Supplier Remit Name: _____

Supplier Remit Address: _____

Supplier Accounts Receivable Contact: _____

Supplier AR Contact Phone #: _____

Remit Email Address (Please Print): _____

Section II: Banking Information

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone #: _____

Section III: Deposit Information

Deposit Account Title: _____

Bank Routing/Transit or ABA Number (9 digits): _____

Deposit Account Number: _____

Type of Account: Checking / Lockbox / Savings _____

SWIFT Code/Bank ID: _____

International Bank Account Number (IBAN): _____

I hereby authorize Battelle Savannah River Alliance (BSRA) to initiate credit entries to the above bank account for the payment of invoices due to the supplier indicated. In the event of an overpayment, the supplier agrees to issue a refund to BSRA either by their company check or by a return ACH transfer initiated through their bank. Additionally, I understand that in the event the above account should be closed or I determine that payment should not be deposited into the above account, it will be my responsibility to notify BSRA Accounts Payable in a timely manner to have the deposits discontinued or redirected to the correct bank account.

Authorizing Officer Printed Name and Title

Authorizing Officer Signature

Date