

SUPPLIER'S AUTHORIZATION FOR ACH DEPOSIT OF PAYMENTS

PF-310
Revision 0
Effective 12/18/2023

Directions: Attach a copy of voided check from the associated depository/bank account or provide a depository/bank letter from the depository/bank. Ensure remit address matches the address listed on voided check or depository/bank letter. To identify a change, mark the associated check box.

PART I SUPPLIER'S REMIT INFORMATION

a. Supplier's Remit Name:

b. Supplier's Remit Address:

<Remit address must match address
on voided check or bank letter>

c. Supplier's Accounts Receivable (AR)

Contact:

d. Supplier's AR Contact Phone #:

e. Supplier's Remit Email Address:

PART II SUPPLIER'S DEPOSITORY/BANK INFORMATION

a. Depository/Bank Name:

b. Depository/Bank Address:

c. Depository/Bank Contact:

d. Depository/Bank Contact Phone #:

PART III SUPPLIER'S ACCOUNT INFORMATION

a. Depository/Bank Account Title:

b. Bank Routing/Transit or ABA
Number: <9 digits>

c. Depository/Bank Account Number:

d. Type of Account:

e. SWIFT Code/Bank ID:

f. International Bank Account #:

PART IV SIGNATURES

Battelle Savannah River Alliance, LLC (BSRA) is hereby authorized to initiate credit entries to Depository/Bank Account for payment of invoice(s) due to Supplier. In an event of overpayment, Supplier agrees to issue refund to BSRA via Supplier's check or ACH transfer return initiated through Supplier's Depository/Bank. In event Depository/Bank Account becomes closed or Supplier determines payment(s) should no longer be deposited into Depository/Bank Account, Authorized Signatory or Authorized Representative of Supplier bears responsibility of notifying BSRA Accounts Payable, in a timely manner, to discontinue deposits or to redirect deposits to a new Depository/Bank Account. A new depository or bank account shall be identified by Supplier with change of information via PF-310.

Authorizing Officer Printed Name & Title

Authorizing Officer Signature/Date