



Vendor ACH/Direct Deposit Authorization Form
FARMWARD COOPERATIVE

1. Please Check One:
[] NEW Direct Deposit
[] CHANGE Direct Deposit
[] CANCEL Direct Deposit

2. Vendor/Payee Information
Name:
Remit to Address:
Accounts Receivable Contact Name:
Accounts Receivable Phone Number:
Remit to Email:

3. Additional Payment Information
Accept Card Payment: [] Yes [] No
If yes list any applicable surcharge:

4. Financial Institution Information
Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
Nine-Digit Banking/Transit Number (ABA):
Type of Account: [] Checking [] Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Farmward Cooperative to electronically credit/debit payments to the bank account designated above. It is my responsibility to notify Farmward Cooperative Accounts Payable (apexpense@farmward.net or 507-249-3196) immediately if I believe there is a discrepancy between the amount deposited to the bank account listed and the amount of the invoice(s) paid. I understand that I must notify in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Farmward Cooperative Accounts Payable has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than 7 to 10 business days.

Print Name: _____ Signature: _____ Date: _____

Important Information
Please return this completed form and a completed W-9 via email to: apexpense@farmward.net

For Office of Accounts Payable Use Only
AP Reviewed and Approved:
Date:
Date Received