

VENDOR ACH/Wire Authorization Form

Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

Vendor/Payee Information:	
Name:	
Address:	
Contact Person's Name (if other than payee):	
Phone Number:	
Email Address:	

Financial Institution Information:	
Bank Name:	
Bank Address:	
Name on Bank Account:	
9-Digit ABA/Routing #: <i>(US Account ONLY)</i>	
Bank Account Number:	
IBAN <i>(International Accounts ONLY)</i> :	
Bank Swift <i>(International Accounts ONLY)</i> :	

Type of Account: *(ACH Only)*

Checkings

Savings

Approvals/Authorizations

I certify that the information provided on this form is correct, and I hereby authorize The Stimson Center (Stimson) to electronically deposit payments to the bank account designated above. It is my responsibility to notify Stimson immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Stimson in writing immediately of any changes in status of banking information. I understand that this authorization will remain in full force and effect until Stimson has received written notification requesting a change or cancellation and has held reasonable opportunity to act on it, which normally takes seven to ten business days. All notifications should be sent to accountspayable@stimson.org.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Important Information:

Please return completed for via email to accountspayable@stimson.org