Ghertner & Company Vendor Authorization Agreement for ACH Payment

**Please complete the entire form and attach a voided check. You must allow 15 business days for processing before ACH payments begin. You will receive a postcard confirming our receipt of your request and the effective date.**

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\* We will send confirmation email of payments made each week\*\*\*\***

**Bank/Depository Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_**

**Bank Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One: ( ) checking or ( ) savings account**

**\*\*\*\*A voided check is required for ACH payments to be set up\*\*\*\***

**It is my duty to notify Ghertner & Company 15 days in advance of any changes to my bank/depository account in order for changes to be effective.**

I attest I am an authorized owner of the depository account listed above and am exercising my powers as such. I (we) hereby authorize Ghertner & Company to automatically deposit payments for services rendered to my checking/savings account. This authority is to remain in full force and effect until Ghertner & Company has received a 15 day written notification of it termination or until Ghertner & Company or my bank/depository has sent me 10 days written notice that they will end this agreement.

This is a request for (please select one): ( ) initial set-up of ACH payments

 ( ) change in account information

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return To: Ghertner & Company, 50 Vantage Way, Suite 100, Nashville, TN 37228**

**Fax: 615-277-4540 Office: 615-255-8531**