For WSRC Use Only
Payee Code _____

WSRC Vendor Authorization for ACH / EFT Payments

Add: _____ Change: _____

1. **Complete this form**
2. **Attach a copy of a "voided check" from your checking account (No deposit slips)**

Section I : Vendor Information

Vendor Name (as indicated on P.O.) _____
Vendor Address (as indicated on P.O) _____
_____

Vendor **Accounts Receivable** Contact: _____
Vendor Fax #: _____
Vendor Phone #: _____
Accts. Receivable Email Address: _____

Section II: Banking Information

Depository (Bank) Name: _____
Depository (Bank) Address: _____
_____
Bank Contact: _____
Bank Contact Phone #: _____

Deposit Account Title: _____

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

Deposit Account Number: _____

Type of Account: Checking _____ Savings _____

I hereby authorize Westinghouse Savannah River Company (WSRC) to initiate credit entries to the above bank account for the payment of invoices due to the Vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to WSRC on their company check. 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 WSRC Accounts Payable in a timely manner to have the deposits discontinued and furnish new account information.

_____
Co-Authorizing Signature / Title Date:

_____
Accounts Receivable Contact Signature Date:

PLEASE FAX COMPLETED FORM TO JONELL O'BRYANT:

FAX: 803-952-8843

PHONE: 803-952-6278