

Savannah River Site Vendor Authorization for Electronic Funds Transfer (EFT) Payments

Add New: _____

Change Existing: _____

1. Complete this form - PRINT LEGIBLY

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:	_____
Accts. Receivable E-mail Address:	_____
Vendor Phone #:	_____
Vendor Fax #:	_____

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 the Savannah River Site to initiate credit entries to the above bank account for the payment of funds/invoices due to the Vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to SRS 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 SRS Accounts Payable in a timely manner to have the deposits discontinued and provide new account information.

Co-Authorizing Signature / Title Date:

Accounts Receivable Contact Signature Date:

Please mail or fax the form to:
Mail address:

Jonell Obryant: FAX: 803-952-8843 PHONE: 803-952-6278
SRNS (Attn: Jonell Obryant)
P.O. Box 6809
Aiken, SC 29804-6809

