



Vendor Authorization for Electronic Funds Transfer (EFT) Payments

Please check (x) the appropriate box:

_____ New authorization _____ Change existing authorization

Please attach a copy of a voided check from your checking account (No deposit slips, please)

VENDOR INFORMATION

Vendor Name (as identified on P.O.): _____

Vendor Address (as identified on P.O.): _____

Vendor Phone Number: _____

Vendor Fax Number: _____

Vendor Accounts Receivable Contact: _____

Accounts Receivable E-mail Address: _____

BANKING INFORMATION

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone Number: _____

Deposit Account Title: _____

Deposit Account Number: _____

Bank Routing Transit Number (RTN) or
American Bankers Association (ABA) Number (9 digits): _____

Type of Account: Checking _____ Savings _____

I hereby authorize Savannah River Remediation 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 SRR 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 SRR Accounts Payable in a timely manner to have the deposits discontinued and to provide new account information.

Co-Authorizing Signature Date Accounts Receivable Signature Date

Please mail, email or fax this form to: **SRR, LLC - Accounting** **EMAIL: SRRAccountspayable@srs.gov**
P. O. Box 369 **FAX: 803-952-9386**
New Ellenton, SC 29809-0369 **PHONE: 803-952-9677**