

## SRNS Supplier Authorization for ACH Deposit of Invoice Payments

1. Complete all sections of the form.  
Complete electronically or print.

2. Attach a copy of a voided check from your  
checking account. (This applies even if this  
account is a Master Account with no checks.)

### Section I : Supplier Remit Information

Supplier Remit Name: \_\_\_\_\_

Supplier Remit Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier Accounts Receivable Contact: \_\_\_\_\_

Supplier AR Contact Phone #: \_\_\_\_\_

**Remit Email Address (Please Print):** \_\_\_\_\_

### Section II: Banking Information

Depository (Bank) Name: \_\_\_\_\_

Depository (Bank) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Contact: \_\_\_\_\_

Bank Contact Phone #: \_\_\_\_\_

### Section III: Deposit Information

Deposit Account Title: \_\_\_\_\_

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

Deposit Account Number: \_\_\_\_\_

Type of Account: Checking / Lockbox / Savings \_\_\_\_\_

I hereby authorize Savannah River Nuclear Solutions, LLC (SRNS) to initiate credit entries to the above bank account for the payment of invoices due to the supplier indicated. In the event of an overpayment, the supplier agrees to issue a refund to SRNS either by their company check or by a return ACH transfer initiated through their bank. 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 SRNS Accounts Payable in a timely manner to have the deposits discontinued or redirected to the correct bank account.

\_\_\_\_\_  
**Authorizing Officer Printed Name and Title**

\_\_\_\_\_  
**Authorizing Officer Signature**

\_\_\_\_\_  
**Date**