

Vendor ACH/Direct Deposit Authorization Form

Northwest Senior Resources, Inc.
dba Area Agency on Aging of Northwest Michigan

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Northwest Senior Resources, Inc. dba Area Agency on Aging of Northwest Michigan (AAANM) to electronically deposit payments to the bank account designated above. It is my responsibility to notify AAANM (PrescottK@aaanm.org or (231) 947-8920) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify AAANM in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until AAANM has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

Please return completed form via email: PrescottK@aaanm.org

For Office of Accounts Payable Use Only

AP Reviewed and Entered:

Date: