



## PROVIDER ACH VENDOR AUTHORIZATION

Region 10 prefers to make payments electronically. Your payments will be deposited into the checking account of your choice. To receive payments electronically, complete and submit this form.

By completing this form, you are authorizing Region 10 to initiate electronic payments into your account. You are also authorizing Region 10 to initiate corrections/reversals in the event that an incorrect payment was processed.

Payee Information			
Payee Name:		SSN or Federal ID #:	
Remit Address(es) for applicable accounts:			

Bank Information	
Bank Name:	
Name on Account:	
Account #:	
Routing #:	

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_  
*Please print*

\_\_\_\_\_  
**Authorized Signature**

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

**FOR OFFICE USE ONLY**  
**FORM SHOULD BE SENT TO CONTRACT DEPARTMENT**

Contract Department Initial Receipt

Contract Department Sent to \_\_\_\_\_ (Department)

Contract Review by \_\_\_\_\_ (Staff)

Return to Contract Department

Contract Department Final Receipt (for processing)