



## **Vendor ACH Enrollment Form**

\*\*\* A voided check or bank confirmation letter is not required but preferred in order to process this form properly.\*\*\*

If you have any questions about our Vendor ACH payments program, please feel free to contact our Accounts Payable team at [invoices@apamericas.com](mailto:invoices@apamericas.com).



## Vendor ACH Enrollment Form

Information on this form is subject to additional verification. Please complete all fields legibly.

VENDOR INFORMATION (Remit Address)

☐

New Request

☐

Change Request

VENDOR NAME		TAXPAYER ID (Required)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

### FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER	ACCOUNT NUMBER	
ACCOUNT TYPE:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
PAYMODE ID (If Applicable)			

### Certification:

I certify I am responsible for notifying any changes to the information provided above to AP Americas. I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above-named company, hereby authorize AP Americas to electronically deposit payments to the designated bank account. I understand that this authority will remain in full force and effect until AP Americas has received written notice of change or cancellation and has had a reasonable opportunity to act on it. AP Americas reserves the right to cancel or suspend this authorization at any time.

### Authorization:

\_\_\_\_\_  
Authorized Official Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date