# Needham Bank

# Vendor ACH Information Form

**Company Name:** _____

**Address:** _____

**Address Line 2:** _____

**City/State:** _____ **Zip Code:** _____

**Contact Name:** _____ **Phone:** _____

**Email:** _____
*Listed email will receive 'Advice of ACH Credit' as ACH payment remittance.*

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**Bank Name:** _____

**Bank Address:** _____

**City/State:** _____ **Zip Code:** _____

**ABA/Routing Number:** _____

**Name on Bank Account:** _____

**Account Number:** _____

**Account Type: Checking or Savings (circle one)**

**EIN:** _____ **or** **SSN:** _____

I hereby authorize Needham Bank to initiate ACH credit transactions for payments to the account indicated above. This authority will remain in effect until Needham Bank receives written notification of authorization termination.

**Authorized Signature:** _____

**Name (Title):** _____ **Date:** _____

**Comments/Requests:** _____

_____

_____

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*This transaction complies with United States law.*