AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

<u>Vendor Information:</u>				
Vendor Name:				
Remittance Address:				
Remittance City:		State:		Zip Code:
Contact Name:			Phone #:	()
E-Mail Address:				
Banking Information:				
Vendor's Bank Name:				
Bank Address:				
Bank's City:		State:		Zip Code:
ABA Routing #:			Account #	:
Account Type (please check only one)	Checking	Savings	; <u> </u>	
Yendor's Authorization: Please sign below to confirm the ayments for your invoices to the	at you are authorizing ne account mentioned	g National L l above.	eague of Citi	ies to begin transferring
Signature				Title
()		<u></u>		
Phone Num			Date	

Forms may be securely uploaded to Silvia Singh – Accounts Payable at https://upload-nlc.titanfile.com/.