

Please return this completed form to the Accounts Payable Desk at Mailstop 90J.

For questions call 510-486-6954 or ext. 6954.

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (VIA ACH)

This form contains Personally Identifiable Information (PII) when filled out. Do not store this filled-out form on your computer. Do not email or transmit via internet. Fax (510-486-6975) and traditional mail may be used. Store the completed form in a safe place and destroy if possible.

### Step 1. Provide Payee Information

Individual Name (Last, First, MI) or Company Name: \_\_\_\_\_

Employee ID (If Applicable): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City

State

Zip Code

Enroll  Cancel  Change

### Step 2. Provide Financial Institution (Bank) Information

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

City

State

Zip Code

Type of Account:  Checking  Savings

Bank Routing Number (RTN) (9 digits):

Account Number (Include leading zeros – do NOT include check number):

Financial institution routing and account numbers can be identified at the bottom of your checks:

Your Bank Name  
Bank City, State

Memo \_\_\_\_\_

⑈ 123456789 ⑈

9 digit routing number

1000123456⑈

10 digit account number

1234

Check number

### Step 3. ACH Authorization

I (we) hereby authorize University of California, Lawrence Berkeley National Laboratory, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of electronic transactions to my (our) account must comply with the provisions of U.S. law.

Vendor Representative/Employee Signature

Please Print Name

Date

Telephone Number

Email address for payment notification