

# THE SENIOR ALLIANCE

## Vendor ACH Authorization Form

### SECTION I - Vendor Information

<b>Company Name:</b> _____	
<b>Address:</b> _____	
<b>State:</b> _____	<b>Zip:</b> _____
<b>Accounts Receivable Contact:</b> _____	
<b>Phone:</b> _____	<b>E-Mail:</b> _____

### SECTION II - Authorization Agreement

I (we) hereby authorize **THE SENIOR ALLIANCE**, hereinafter called **COMPANY**, to initiate credit entries to my (our) account listed below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the law.

**Select Type of Account:**       **Checking**       **Savings**

**Depository Name:** \_\_\_\_\_      **Depository Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_      **Account Number:** \_\_\_\_\_

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

\_\_\_\_\_  
**Name(s) PLEASE PRINT**      **ID #**

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

**Please fax completed form to: (734)727-2013**

### SECTION III - For TSA use

**System set up**            **Date** \_\_\_\_\_