THE SENIOR ALLIANCE Vendor ACH Authorization Form

SECTION I – Vendor Information

Company Name:		
Address:		
State:	Zip:	
Accounts Receivable Contact:		
Phone:	E-Mail:	
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 A	ccount: 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) PLEA	ASE PRINT	ID #
Signature		Date
Please fax completed form to: (734)727-2013		
SECTION III – For TSA use		
System set up Date		