

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

<u>VENDOR INFORMATION</u>	
Vendor Name	_____
Address	_____
Phone No.	_____
Tax ID No.	_____
E-Mail to:	_____

<u>BANKING INFORMATION</u>	
Bank Name	_____
Address	_____
City	_____ State _____
Bank Contact Phone No.	_____ Please select one:
Transit / ABA No.	_____
Account No.	_____

AUTHORIZATION

I hereby authorize the SJRMC to initiate credit entries. If debit entries or adjustment for any credit entries made in error to the vendor's account are needed, the vendor will be responsible for initiating the return of funds to SJRMC, either by ACH or other means requested by the SJRMC, including but not limited to credit memos or check payments.

NAME(S) _____ DATE _____
(PLEASE PRINT)

AUTHORIZED SIGNATURE _____

This authorization is to remain in full force and effect until SJRMC has received written notification from the above-named vendor of its termination in such manner as to afford SJRMC and the depository a reasonable opportunity to act on it.

- Email: accountspayable@sjrmc.net
- Mail: Attn: Accounts Payable, 801 W. Maple St., Farmington, NM 87401