

v	endor AC	H Authoriza	tion Form
1. Please Check On	e:		
	New ACH	☐ Change ACH	Cancel ACH
2. Vendor/Payee Inf	ormation		
Name:			
Address:			
Contact Name (if other th	ıan payee):		
Phone Number:			
Email Address:			
3. Financial Institut	ion Information		
Bank Name:			
Bank Address:			
Name on Bank Account:			
Bank Account Number:			
Nine-Digit Bank Routing/	Transit Number (AE	3A):	
Type of Account:	☐ Checkir	ng 🔲 Money	Market
4. Approvals/Authorizations — I certify that the information provided on this form is correct, and I hereby authorize Turf Equipment and Supply Company to electronically deposit payments to the bank account designated above. It is my responsibility to notify Turf Equipment and Supply Company Accounts Payable (accountspayable@turf-equipment.com or (410) 799-3951) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Turf Equipment and Supply Company in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Turf Equipment and Supply Company has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.			
Print Name:	Signa	ature:	Date:
Important Informati	on		
Please return completed		ountspayable@turf-equipme Equipment and Supply Com Attn: Accounts Payable 8015 Dorsey Run Road Jessup, MD 20794	
For Accounts Paya	ble Use Only		
AP Reviewed and Approv	ved:		
Date:			