



## VENDOR ACH FORM

**\*\*\*In order to receive vendor payments directly to your bank account, you will need to complete, sign, and return this form via mail or email: [invoice@feedingky.org](mailto:invoice@feedingky.org)\*\*\***

### CREDIT/DEBIT AUTHORIZATION

I hereby authorize Feeding Kentucky, Inc. to initiate payment/credit entries to the account listed below. I understand that, if necessary, debit entries/adjustments for any deposit entry in error may be made to my account in relation to such deposits.

This authorization will remain in effect until Feeding Kentucky, Inc. has received written notification from me at least 10 business days prior to the next scheduled deposit date.

**Please Print:**

Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:       Checking                       Savings

**Attach a voided check for verification of routing number and account number.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Company must retain copy of authorization to be produced upon originating or receiving banks request.**