



**ACH Transfer Authorization Agreement**

Please complete this form and e-mail it to [ach@seismicexchange.com](mailto:ach@seismicexchange.com) or fax it to 832-590-5285

**Vendor Information:**

Vendor Name on Account \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

ACH Remittance e-mail address \_\_\_\_\_

**Type of Request:**

- New ACH Transfer Authorization
- Change Existing Authorization
- Stop/Cancel ACH Transfer Authorization

**Type of Account:**

- Checking (attach a copy of a voided check)
- Savings (attach a copy of a deposit slip)

**Bank Information: (ACH Banking Info.)**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Bank Routing No. (ABA) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Vendor Contacts:**

Name	Phone Number	E-mail Address
_____	_____	_____
_____	_____	_____

The undersigned, on behalf of the above named Vendor ("Vendor"), hereby authorizes Seismic Exchange, Inc. ("SEI") to make ACH funds transfers to the checking or savings account specified above for the Vendor as payment for goods and/or services. The undersigned hereby certifies that he/she is duly authorized to sign this Authorization Agreement on behalf of Vendor and that SEI may rely on this Authorization Agreement and any instructions of the undersigned or any one of the above named Vendor Contacts in connection with the transfer of funds. Vendor shall indemnify, defend, and hold SEI harmless for any and all ACH transfers made in accordance with this Authorization Agreement, including instructions from the undersigned or the Vendor Contacts. Vendor hereby authorizes the financial institution listed above to communicate directly with an SEI representative for the limited purpose of verifying the necessary information required to complete the transactions contemplated in this Authorization Agreement. Vendor agrees to provide SEI with a new Authorization Agreement, duly completed and executed, in the event of any changes to the above information, including changes in authorized Vendor Contacts. SEI shall be entitled to rely on the most recently dated Authorization Agreement which will supersede all previous Authorization Agreements.

**Vendor Authorization:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Number \_\_\_\_\_