

Supplier Direct Deposit Information Form

Once completed, please return to: supplierinfo@aba.com. A signature is required for processing.

This form must be completed in its entirety.

Please check one New A	CH Setup	Change ACH Setup	Cancellation Request
Supplier Information Name: Address: City: Federal Employe Contact Name: Contact Phone N Contact Email Ad	r Identification	State: Number (EIN):	Zip Code:
Direct Deposit Information Bank Name: Bank Routing Number (ABA#): Account Number: Type of Account (check one):			
If changing ACH setup, please provide prior Direct Deposit Information Prior Bank Name: Prior Account Number: Prior Bank Routing Number (ABA#): Type of Account (check one):			
Are payments to this supplier related to a contract between ABA and supplier?			
YES (please fill out every field of part A below) A. Contract Contract Value or Pricing Agreement:			
A. Contract	Brief Contrac	t Description:	Ciamatura data
		atory for Supplier: atory for ABA:	Signature date: Signature date:
B. No Contract		tion of the product supplied	
	Name of prim	ary contact at ABA:	
Please provide the following data for three authorized vendor representatives that may corroborate the information herein; if you do not have a third contact please explain: Name Title Office Location			
1.			
2.			
3.			
I(We) the undersigned hereby authorize the American Bankers Association (ABA) to initiate credit entries and to initiate, if necessary, debit adjustments not to exceed the total of the original amount credited to the account and depository named above.			
Name:	Name: Title:		
Signature:		Date:	

aba.com 1-800-BANKERS 04/21