



# Vendor ACH/Direct Deposit Authorization Form

FloridaMakes, Inc.

### 1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

### 2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

### 3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize FloridaMakes, Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify FloridaMakes AP (accountspayable@floridamakes.com or (407) 450-7206) 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 FloridaMakes AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until FloridaMakes AP 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Important Information

Please return completed form via email: [accountspayable@floridamakes.com](mailto:accountspayable@floridamakes.com)

### For Office of Accounts Payable Use Only

### Date Stamp - Received

AP Reviewed and Approved:

Date: