

Supplier name _____

Address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

Authorized banking contact _____ Contact's phone _____

Contact's title _____

****The authorized banking contact is the only individual authorized to change any bank information.****

Bank name _____

Account number _____ Checking Savings

Bank routing (ABA) number _____

Bank phone _____

Note: Contact your financial institution to verify the proper routing number to use for incoming ACH payments and ensure your bank account is set to receive incoming ACH payments.

Signature required: Supplier acknowledges and agrees that it has sole responsibility for the above banking information and acknowledges the signer is an authorized officer of the supplier. Any payments made to this bank account are considered payments to the supplier. The below signature authorizes Florida Institute of Technology to electronically transmit payments to the above-named entity at the bank account indicated above. I understand that this authorization will remain in effect until written notice is given to cancel or change this information.

Officer name _____

Officer title _____

Signature _____ Date _____

Phone _____