



Vendor ACH/Direct Deposit Authorization Form

1. Please check One:
<input type="checkbox"/> NEW Direct Deposit <input type="checkbox"/> CHANGE Direct Deposit <input type="checkbox"/> CANCEL Direct Deposit
2. Vendor/Payee Information
Individual or Company Name:
Address:
Telephone Number:
Email Address:
Tax Identification Number (EIN or SSN):
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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____
4. Approvals/Authorizations – I certify that the information provided on this form is correct, and I hereby authorize Triad Life Sciences, Inc. to electronically deposit payments to the bank account designated above. I understand that I must notify Triad Life Sciences, Inc. in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Triad Life Sciences, Inc. has received written notification requesting a change or cancellation and has had reasonable opportunity to act upon it.
Signature: _____
Print Name: _____
Date: _____
Important Information
Please return completed form via email to: hsmith@triadls.com