



ACH AUTHORIZATION FORM

VENDOR INFORMATION

Vendor Name		Vendor Number	
Address	City	State	Zip
Contact Name	Phone Number		
Email Address for Remittance Notification (REQUIRED)			

FINANCIAL INSTITUTION INFORMATION

Bank Name			
Address	City	State	Zip
Name on Bank Account	ACH Routing Number	Account Number	
Account Type <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			

- Please provide the 9-digit bank routing number from a check. The routing number from a deposit slip will be invalid. A voided check attached to this form will help ensure that all numbers are recorded properly.
- Please notify us immediately in writing with any bank or account changes.

Certification:

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize the Marshall E Campbell Co. to electronically deposit payments to the designated bank account. This authority remains in full force until written notice is received by Marshall E Campbell Co.

Authorization:

Authorized Name
Signature
Date

Please Email or Mail completed form along with a voided check to: ap@mecampbell.com
A voided check or bank confirmation letter is required to process ACH FORM.

Marshall E Campbell Co.
 Accounts Payable
 PO Box 610947
 Port Huron, MI 48061-0947