

VENDOR ACH AUTHORIZATION FORM

Action Requested: (check one) NEW CHANGE CANCEL

Section 1: Vendor Identification

VENDOR NAME RFMH EMPLOYEE		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE	
TAXPAYER IDENTIFICATION NUMBER (EIN OR SSN)	EMAIL	

Section 2: Banking Information

BANK NAME			
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	ROUTING NUMBER (9 DIGITS)		
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Section 3: Vendor Authorization

I authorize the Research Foundation for Mental Hygiene, Inc. [RFMH] to initiate/change/cancel ACH credit entries to the above bank account. I further authorize RFMH to reverse any payment made to this account in error.

SIGNATURE		
PRINTED NAME	TITLE	DATE

Please mail, fax, or email completed form to:
Accounts Payable
Research Foundation for Mental Hygiene, Inc.
150 Broadway, Suite 301
Menands, NY 12204
Email: RFMHAPPO@rfmh.org
Fax: 518-474-6995

Corporate vendors - attach a letter from your bank.
Individuals - attach a voided check.

If you are a new vendor, please complete and attach an RFMH Substitute W-9 form with this form.

If you have questions when completing this form, contact Accounts Payable at 518-474-5661.

RFMH Use Only

Vendor ID:

Date Entered:

Entered By:

