



Vendor ACH / Direct Deposit Authorization Form

1. Please Check One:

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NEW Vendor Setup

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CHANGE Vendor Information

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 (IBAN):

Nine-Digit Bank Routing/Transit Number (ABA or SWIFT / BIC Code):

Type of Account:

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Checking

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Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Data Camp, Inc. to electronically deposit payments to the bank account designated above. It is my responsibility to notify DataCamp, Inc. (Accounting@DataCamp.com) 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 DataCamp, 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 DataCamp, Inc. 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: _____

Title: _____

Signature: _____

Date: _____

Important Information

Please return completed form along with Form W-9 or W-8BEN via email: **Accounting@DataCamp.com**