

Vendor ACH/Direct Deposit Authorization Form  
Spectrum Strategies LLC

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

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 Phone Number:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize the Spectrum Strategies Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify AP ([info@spectrum-strategies.org](mailto:info@spectrum-strategies.org) or 336-475-5530) 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 Spectrum Strategies in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Spectrum Strategies 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Important Information**

Please return completed form via email: [info@spectrum-strategies.org](mailto:info@spectrum-strategies.org)

**For Office of Accounts Payable Use Only**

**Date Stamp - Received**

AP Reviewed and Approved:

Date: