

LW Form
**VENDOR AUTHORIZATION FOR
ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS**

Please check (x) appropriate option: _____ New authorization _____ Change existing authorization

Please attach a copy of a voided check from your checking account (no deposit slips, please)

VENDOR INFORMATION

Vendor Name (as identified on PO): _____

Vendor Address (as identified on PO): _____

Vendor Phone Number: _____ Vendor FAX Number: _____

Vendor Accounts Receivable Contact: _____

Accounts Receivable Email Address: _____

BANKING INFORMATION

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone Number: _____

Deposit Account Title: _____

Deposit Account Number: _____

Bank Routing Transit Number (RTN) or American Bankers Association (ABA) number (9 digits): _____

Type of Account: _____ Checking _____ Savings

I hereby authorize Savannah River Remediation to initiate credit entries to the above bank account for the payment of funds/invoices due to the vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to SRR on their company check. Additionally, I understand that in the event the above account should be closed or I determine that payment should not be deposited into the above account, it will be my responsibility to notify SRR Accounts Payable in a timely manner to have the deposits discontinued and to provide new account information.

Co-Authorizing Signature

Date

Accounts Receivable Signature

Date

Please mail, email or FAX this form to:

Mail: SRR, LLC – Accounting
P.O. Box 369
New Ellenton, SC 29809-0369

Email: SRRAccountspayable@srs.gov
FAX: 803-952-9386

Phone: 803-952-9673
803-952-9689
803-952-9677