

VENDOR ACH SET-UP FORM



NEW ACCOUNT CHANGE TO EXISTING ACCOUNT

PERSONAL CHECKING ACCOUNT BUSINESS CHECKING ACCOUNT

COMPANY NAME/PERSONAL NAME (AS IT APPEARS ON BANK ACCOUNT):		
COMPANY ADDRESS/PERSONAL ADDRESS (AS IT APPEARS ON BANK ACCOUNT):		
CITY:	STATE (XX):	ZIP CODE:
PHONE NUMBER:	REMITTANCE EMAIL ADDRESS:	

NAME OF FINANCIAL INSTITUTION:		
FINANCIAL INSTITUTION ADDRESS:		
CITY:	STATE:	ZIP CODE:

BANK ACCOUNT NUMBER:	ROUTING NUMBER:
----------------------	-----------------

I certify that the information provided on this form is correct and I hereby authorize World Vision Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify World Vision immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount requested on the submitted invoice(s). I understand that I must notify World Vision in writing immediately of any changes in status or banking information and that this authorization will remain in full force and effect until World Vision has received written notification requesting a change or cancellation and has had reasonable opportunity to act upon it.

AUTHORIZED SIGNATURE:	DATE (MM/DD/YYYY):
-----------------------	--------------------

Please return the completed form either by mail or e-mail to the address listed below. Funds will be posted to the bank account within 48 hours from the date of transfer.

MAIL FORM TO:
World Vision
Accounts Payable
PO BOX 9716
Federal Way, WA 98063-9716

EMAIL FORM TO:
Vendor@ap.worldvision.org

QUESTIONS OR INQUIRIES:
FinanceSupport@worldvision.org