



Vendor/ACH Direct Deposit Authorization Form

Earthquake Engineering Research Institute

Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

Vendor/Payee Information

Name

Address

Contact Name
(if other than payee)

Telephone Number

Email Address

Financial Institute Information:

Bank Name

Bank Address

Name on Bank Account

Bank Account Number

Bank Routing/Transit
Number (ABA)

Account Type

Checking

Savings

Approvals/Authorizations

I certify that the information provided in this form is correct, and I authorize Earthquake Engineering Research Institute (EERI) to electronically deposit payments to the bank account designated above. It is my responsibility to notify EERI (eeri@eeri.org) 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 EERI in writing immediately of any changes in status or banking information. I understand that this authorization will remain in effect until EERI 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 to ten business days.

Print Name

Title (as applicable)

Signature

Date

For EERI Office Use Only

Date Received

Date Sent to Accounting

Please return this completed and signed form via email to eeri@eeri.org with subject line: ACH