

Electronic Funds Transfer Authorization Form

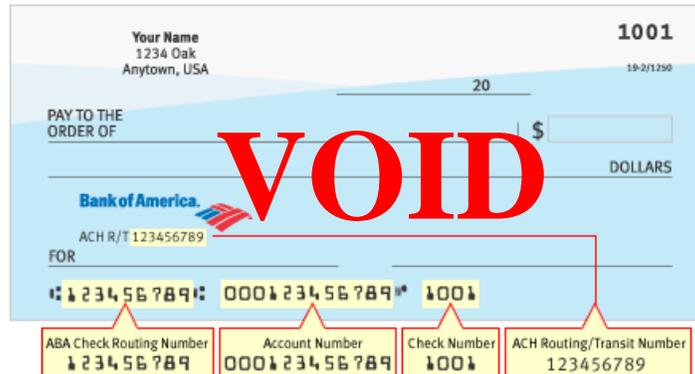
I, an authorized signer on the below account, hereby authorize Los Alamos National Laboratory, hereinafter called the Laboratory, to originate Automated Clearinghouse (ACH) credits for invoice payments (vendors), travel reimbursements, small purchase reimbursements and royalty payments (employees). I further authorize the Laboratory to originate ACH debits to this account but only in the event that the Laboratory issued an incorrect or duplicate ACH credit to this account. The Laboratory will notify you by telephone in advance of originating an ACH debit to this account.

Return completed form to: **Treasury Dept.,**
Los Alamos National Laboratory
P.O. Box 1663, MS P231,
Los Alamos, NM 87545
 Ph: (505) 667-4090, Fax: (505) 606-0102

Financial Institution Information

Financial Institution:			
Address:			
City / State / Zip:		Telephone #:	
You may only set up one bank account for Electronic Fund Payments			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
ABA # (Must Be 9 Digits):		Account #:	

FOR CHECKING ACCOUNT AUTHORIZATION ATTACH A VOIDED CHECK HERE:



THIS FORM WILL NOT BE PROCESSED WITHOUT A CHECK OR COPY OF ONE. DEPOSIT SLIPS WILL NOT BE ACCEPTED

Authorization Information

E-mail Address (for payment notifications):	
Printed Name:	Telephone:
Authorized Signature:	Date:

Vendor Information
Company Name or DBA:
Address:
City/State/Zip:

Employee Z#/Vendor#

Please allow 10 days for processing additions or changes. Separate forms must be submitted for additions or cancellations. This form is to remain in effect until the Laboratory has received written notification from an authorized representative of its termination in such time to afford the Laboratory and the Financial Institution a reasonable opportunity to act.