Managed by Brookhaven Science Associates, LLC under contract with the

U.S. Department of Energy

Vendor ACH Authorization Form

VENDOR INFORMATION

Vendor/Company Name or DBA: _____

Vendor Number (if Applicable): _____

Tax ID Number (TIN): _____

DEPOSITORY INFORMATION

Financial Institution: _____

Routing/Transit/ABA Number: _____

Checking Account Number: _____

AUTHORIZATION

I (we) hereby authorize Brookhaven National Laboratory/Brookhaven Science Associates to make payments by initiating ACH (Automated Clearing House) credit entries or correcting entries to the account indicated above and associated with the financial institution named above. This authorization will remain in effect until BNL/BSA receives written notification to terminate or modify the same. It is my (our) understanding that credit authorizations may be revoked only by notification of the originator as described by NACHA (National Automated Clearing House Association) law.

Authorized Representative: _____

Email: _____

Phone: _____

Signature: _____ Date: _____