



Vendor Authorization Agreement for Automatic Deposits

Please complete this form
Attention: Accounts Payable
Questions please call 858-831-2517

Company Name: _____
Address: _____

Email address (for Remit) _____
Federal ID or Social Security Number: _____

Bank Information

Bank Name: _____
Name on Account: _____
ABA Routing Transit # _____
Account # _____
Account Type (Personal or Business) _____
Please check one: Checking ☐ Savings ☐
Bank Contact Name: _____
Bank Contact Phone: _____

Attach copy of VOIDED Check if possible to verify banking numbers.

I authorize HD Supply to credit my account only for Direct Deposit of remittances. This authority will remain in effect until our company has canceled it in writing and this authority replaces any existing Direct Deposits that our company has in place. I understand that it is our company's responsibility to verify that a payment has been direct deposited and that it is correct.

Name (please PRINT) _____

Title: _____ Date: _____

Authorized Signature _____
Phone: _____

*Please note that invoices processed prior to the ACH setup will be paid via previous payment method. Invoices received after the setup will be paid as ACH.

FOR VENDOR FILE MAINTENANCE ONLY

DATE ENTERED: _____ INITIALS: _____