

## Provider ACH/Direct Deposit Authorization Form

### Select your request type:

 NEW Direct Deposit

 CHANGE Direct Deposit

### Vendor/Payee Information:

Name:

Address:

Contact person's name (if other than payee):

Phone Number:

Email Address:

### Financial Institution Information:

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

9-Digit Bank Routing/Transit Number (ABA):

 Type of Account:
     
  Checking
     
  Savings

### Approvals/Authorizations

I certify that the information provided on this form is correct, and I hereby authorize Veyo Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify Veyo AP (3poach@veyo.com) 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 Veyo AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Veyo AP 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 (7) to ten (10) business days.

**Print Name:**


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**Signature:**
**Date:**


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Please return completed form to [3poach@veyo.com](mailto:3poach@veyo.com)