

New Request Change Cancel

Vendor Information

Vendor Name _____

Address _____

City, State, ZIP _____

Contact Name _____

Contact Phone _____

Remittance Email _____

Bank Information

ABA / Routing Number _____

Account Number _____

Bank Name _____

Name on Account _____

Contact Name _____

Contact Phone _____

Authorization & Signature

Please include a voided check or bank confirmation of the ABA and account number for verification purposes. Vendors are set up promptly after receiving a completed Form W-9 and ACH / Direct Deposit Authorization form. Funds will be deposited on the day following the date of advice notice. Gavilon reserves the right to make adjustment to an ACH / Direct Deposit at any time.

Name _____

Title _____

Signature _____

Date _____

Please print and sign your name before scanning and submitting.

Your signature authorizes Gavilon to initiate entries to the account specified above, and if necessary, to initiate adjustments for any transaction credited or debited in error. The authority will remain in effect until you provide Gavilon with written instruction to cancel or modify such authority with at least five (5) business days advance notice.