



Agent ACH Payment Enrollment Form

This form is used for ACH payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

All information is required unless otherwise noted below

Please check one of the following: _____ New _____ Update

AGENT INFORMATION

Name:	Relode Vendor Number (internal use only):
Current Mailing Address:	
Social Security or Taxpayer ID:	Contact Full Name:
Home Telephone (optional):	Mobile Telephone (optional):
Office/Work Telephone (optional):	Email Address:

FINANCIAL INSTITUTION INFORMATION:

Financial Institution Name:
Financial Institution Address:
Nine-Digit Routing Transit Number (Nine Digits at the bottom of the check):
Account Number:
Type of Account: _____ Checking _____ Savings

Name of Payee (please print):	
Signature of Payee:	Date:

Please return this form via email to accounts.payable@relope.com