



ACH PAYMENT INSTRUCTION FORM

IAP's Standard Terms are NET45 unless a deviation has been requested and approved.

PAYEE / COMPANY CONTACT INFORMATION

SUPPLIER'S LEGAL NAME:

FEIN/TAXPAYER ID:

IS A 1099 REQUIRED? YES NO

ADDRESS:

PERSONS AUTHORIZED TO RELEASE INFORMATION ON MATTERS CONCERNING PAYMENT/BANKING INFORMATION

NAME (FIRST AND LAST)

EMAIL ADDRESS

TELEPHONE NO. (INCLUDE AREA CODE)

U.S. SUPPLIER ACH / PAPER CHECK PAYMENT INSTRUCTIONS. ACH PAYMENTS ARE PREFERRED

NAME OF BANK:

BANK ADDRESS:

ACCOUNT TITLE/BENEFICIARY:

ROUTING NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT: CHECKING SAVINGS **PAYMENT METHOD:** ACH PAPER CHECK BY MAIL

SIGNATURE CERTIFICATION. Please ensure that the information above is accurate and complete. IAP will not be responsible for funds being transmitted based on provision of incorrect supplier details. The owner/principal of the company or two authorized signatories must sign below. Remittance change requests will only be accepted from a duly authorized representative of the company through completion of a new Wire/ACH Transfer Form submitted to vetting@iapws.com.

Owner or Signature 1 of 2:

Print Full Name:

Title:

Date:

Signature 2 of 2:

Print Full Name:

Title:

Date:

INTERNAL USE ONLY (Vetting Bank Account Updates)

Bank Update Reviewed/Searches Clean

Approved to update Vendor Record

Vetting Official Name:

Signature:

Date: