

Accounts Payable Department

ACH Authorization & Agreement



AUTHORIZATION & AGREEMENT FOR DIRECT DEPOSIT (ACH ENTRIES) (to an account at a financial institution located in The United States of America)

VENDOR'S FULL LEGAL NAME		VENDOR'S FEIN / SSN
VENDOR'S ADDRESS (PHYSICAL ADDRESS <u>AND</u> P.O. BOX, IF ANY)		E-MAIL ADDRESS
VENDOR'S CITY	STATE	ZIP CODE

I (we), the Vendor, hereby authorize UMB Bank, N. A. ("**UMB**") to initiate ACH entries to my (our) [select one]:

Checking Account **Savings Account** or **Other** _____ **Account**

specified below and that I (we), the Vendor, maintain with the depository financial institution also identified below and that is located in The United States of America. I (we), the Vendor, acknowledge and agree that any origination of any ACH transaction to my (our) account must comply with the applicable provisions of U.S. law and the *Rules and Guidelines of the National Automated Clearing House Association (a/k/a the NACHA Rules)*.

Because UMB Accounts Payable will not engage in ACH payment transactions to a vendor's foreign financial institution, UMB will automatically change the vendor's request for an electronic payment direct deposit to the vendor's account at a foreign financial institution to payment to the vendor by check. In order to prevent a delay in receiving your payment, you must not request payment *via* ACH electronic transfer to a foreign financial institution. You may elect to receive your payment from UMB by check.

DEPOSITORY INSTITUTION'S NAME		BRANCH
CITY	STATE	ZIP CODE
DEPOSITORY INSTITUTION'S ABA ROUTING NUMBER	VENDOR'S BANK ACCOUNT NUMBER	

Authorization and Agreement ("**Authorization**"):

I (we), the Vendor, hereby agree that this Authorization will remain in full force and effect until I (we), the Vendor, shall have delivered my written notification of termination of this Authorization to UMB, and UMB shall have had a reasonable opportunity to act on and implement such notice of termination.

VENDOR'S AUTHORIZED SIGNATORY'S NAME (PRINT OR TYPE)	
DATE	SIGNATURE OF VENDOR'S AUTHORIZED SIGNATORY x

Please send the completed form to Commercial.Bankcards@umb.com.