

bank's capability of

**Company Contact** 

to you.

forwarding remittance detail

**Company Contact Phone** 

Vendor # (PGW Use Only)

## **Electronic Payment Authorization** Web Registration Confirmation # ("Company") sells goods and/or provides services to LYNX Services, LLC. LYNX Services desires the flexibility to make payments for such goods and/or services by electronic funds transfer (EFT) through ACH (the automated clearing house system), and Company agrees to grant such flexibility. Therefore, Company hereby (1) authorizes LYNX Services to make payments for goods and services by EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic payments be made as provided below. Company acknowledges and agrees that the terms and conditions of all agreements with LYNX Services concerning the method and timing of payments for goods and services shall be amended as provided herein. Value dates on EFT payments replacing check payments, may be extended up to three (3) calendar days beyond the required check payment date. Company will give thirty (30) days advance notice in writing to LYNX Services of any changes in its depository institution or other payment instructions. When properly executed, this Authorization will become effective no later than fifteen (15) days after its receipt by LYNX Services. **Bank Name Bank Address Bank Contact Name Bank Contact Phone Bank Routing Number Account Name Account Number Account Type** □ Checking **Payment Format** □ I need remittance detail. □ I do not need remittance detail. (Choose below how you would like to receive your remittance detail.) ☐ **1.** From Your Bank ☐ **2.** Via Email (50 Space Limit) ☐ 3. Via Fax You must determine your Name: Name:

Signature:	Date:	
Printed Name:	Title: _	

Email Address

Fax #

Federal Tax ID #

Printed: Version: 20120502 Page 1