



**VENDOR AUTHORIZATION AGREEMENT FOR AUTOMATIC
REMITTANCES OF PAYMENT (ACH)**

I hereby authorize **WellWise Services Area Agency on Aging** to initiate entries to the account identified below at:

Financial Institution: _____

Routing Number

Account Number

By completing this form and returning to WellWise Services Area Agency on Aging, I (we) authorize the Financial Institution above to accept entries initiated into this account, along with any credit/debit adjustments due to errors and/or adjustments. It is agreed that these entries and adjustments may be made electronically under the Rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in effect until WellWise Services Area Agency on Aging has received written notification of termination in such time and manner as to afford WellWise Services Area Agency on Aging, and the Financial Institution a reasonable opportunity to act on it. I acknowledge receipt of a completed copy of this Authorization.

Name of Vendor/Provider

TIN

Address

City

State

ZIP Code

I/We would like to receive remittance notification information and detail by:

- Email** **Email Address:** _____
- Fax** **Fax Number:** _____
- Mail**

Signature of Authorized Representative

Date

Please attach a voided check to verify the account number and bank's routing number.

WellWise Services Area Agency on Aging Use Only:					
Input:	<input type="checkbox"/>	Initials: _____	Date: _____	Reviewed:	<input type="checkbox"/>
				Initials: _____	Date: _____