

SRMC Form
**VENDOR AUTHORIZATION FOR
ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS**

Please check (x) appropriate option: _____ New authorization _____ Change existing authorization

VENDOR INFORMATION

Vendor Name (as identified on PO): _____

Vendor Address (as identified on PO): _____

Vendor Phone Number: _____ Vendor FAX Number: _____

Vendor Accounts Receivable Contact: _____

Accounts Receivable Email Address: _____

BANKING INFORMATION

Depository (Bank) Name: _____

Depository (Bank) Address: _____

Bank Contact: _____

Bank Contact Phone Number: _____

Deposit Account Title: _____

Deposit Account Number: _____

Bank Routing Transit Number (RTN) or American Bankers Association (ABA) number (9 digits): _____

Type of Account: _____ Checking _____ Savings

If changing banking information, it is also required to supply your old/prior Deposit Account Number.

I hereby authorize Savannah River Mission Completion to initiate credit entries to the above bank account for the payment of funds/invoices due to the vendor indicated. In the event of an overpayment, the vendor agrees to issue a refund to SRMC on their company check. Additionally, I understand that in the event the above account should be closed or I determine that payment should not be deposited into the above account, it will be my responsibility to notify SRMC Accounts Payable in a timely manner to have the deposits discontinued and to provide new account information.

_____/_____/_____
Vendor's Accounts Receivable Signature / Date AND Vendor's Co-Authorizing Signature / Date

Please mail, email or FAX this form to:

Mail: SRMC, LLC – Accounting
P.O. Box 790
New Ellenton, SC 29809-0790

Email: MissionCompletionAP@srs.gov
FAX: 803-952-9386

Phone: 803-952-9673; 803-952-9689; 803-952-9677

SRMC VALIDATION ONLY REQUIRED WHEN VENDOR MAKES CHANGES TO BANKING INFORMATION:

I spoke with vendor employee _____ (name) at _____ (phone #)
to verify that the banking information provided above is correct.

SRMC Supply Chain Rep. or SRMC Accounts Payable Rep. Signature Date: _____

OFFICIAL USE ONLY

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552), exemption number and category 8 – Financial Institutions. Department of Energy review required before public release.

Name/Org: SRMC Supply Chain Representative Date: _____ Guidance (if applicable): _____