



N3B
 1200 Trinity Dr., Suite 150
 Los Alamos, NM 87544
 (505) 551-2268
 ATTN: Accounts Payable
accountspayable@em-la.doe.gov

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Please select one of the following:

First time request for ACH payments Request to Change ACH payment information

The following bank information applies to:

Vendor Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Bank Account Information: I hereby authorize N3B to initiate deposits to the Checking Account described below: **(No Savings Accounts)**

Bank Name: _____
 Bank Address: _____
 City: _____ State: _____ Zip: _____

Bank ABA # / Routing _____
 Bank Acct Number _____

Deposit Notification Information: I hereby authorize the following individual(s) to receive notification via email of payment details of all funds deposited to the above account:

Name (Printed or Typed) _____
 Email Address: _____
 Title: _____
 Phone #: _____

Term: This authority will remain in full force and effect until N3B has received written notification of discontinuation. Notification should be provided in a manner to allow N3B to act on the change, removing the automatic payment option.

Officer Name
 (Printed or Typed) _____

Signature: _____ Title: _____
 Phone #: _____ Date: _____