



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