



## ELECTRONIC FUNDS TRANSFER REQUEST

**VENDOR INFORMATION (Remit Address)**

New Request

Update

VENDOR NAME		IRS TAXPAYER ID (FEIN)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS (PRINT CLEARLY)			

**BANKING INFORMATION**

BANK NAME	BANK ACH ROUTING NUMBER	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP
BANK CONTACT NAME	TELEPHONE NUMBER	BANK ACCOUNT TYPE CHECKING ____ SAVINGS ____	
PAYMODE ID (IF APPLICABLE)			

Vendor hereby authorizes Oldcastle Architectural, Inc. to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated above, for payment of goods and/or services.

Vendor may change any portion of the banking information above by giving at least thirty (30) days written notice to Oldcastle Architectural, Inc. to the fax number shown below. This authority remains in effect until written notice is given to cancel/change/stop the service. Vendor understands that Oldcastle Architectural, Inc. may suspend this Authorization at any time.

By signing this Authorization, Vendor in no way relinquishes any legal right to dispute any item.

**VENDOR AUTHORIZATION:**

\_\_\_\_\_

Authorized Name
Authorized Signature
Title
Date

**Fax form to: Oldcastle Lawn & Garden Midwest**  
**Attn: Accounts Payable**  
**Fax: 855-267-2833**  
**E-mail: AP.LGMidwest@Oldcastle.com**

**ACCOUNTS PAYABLE USE ONLY:**

Vendor Number:	Date Received:
Entered By:	Date Entered:
Verified By:	Date Verified: