

Vendor Direct Deposit Authorization

ATTACH A VOIDED CHECK FOR A NEW ACCOUNT SETUP OR CHANGE IN ACCOUNT

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2, 3 & 4)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)	

PAYEE IDENTIFICATION

SECTION 2	Social Security or Employer Identification Number (EIN)			
	Name		Phone number	
	Mailing Address		City	State

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	<p>I (Company) authorize TNT Management Resources, Inc (TNT) to deposit my vendor or contractor payments to my financial institution electronically. I further authorize TNT to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules set forth by the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and affect until TNT has received notification from me, or a company representative, of its termination in writing by mail to 4935 Indian School Rd NE, Salem, Oregon 97305. This notification must be received at least three (3) business days prior to the proposed effective date of the termination of authorization to afford TNT and DEPOSITORY a reasonable opportunity to act on it. I understand that I (we) will be charged a \$10.00 fee for any check that is unable to be processed due to the fact that I (we) have given wrong information to TNT or my bank information changes and I (we) fail to notify TNT.</p> <p>Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
	Authorized Signature (Applicant or authorized agent – Required)	Phone Number (Required)	Date (Required)
	Vendor /Contractor Name		Vendor ID #
	Comments		

FINANCIAL INSTITUTION

SECTION 4	Name	City	State
	Routing Transit Number	Customer Account Number	Type of Account
	Representative Name (Please Print)	Title	
	Bank Representative Signature (Optional)	Phone Number	Date

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

Alterations must be initialed.

SECTION 1: Select the appropriate transaction type(s)

SECTION 2: Provide the Social Security number or Employer Identification Number (EIN)

SECTION 3: The person authorizing the direct deposit setup must sign, print their name and date the form. If you receive payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact TNT

SECTION 4: Provide the requested account information

YOU MUST ATTACH A VOIDED CHECK FOR A NEW ACCOUNT SETUP OR CHANGE IN ACCOUNT