



## ***ACH Set-Up Form***

### **Authorization Agreement**

I hereby authorize **Alatrade Foods** to initiate automatic deposits to my account at the financial institution named below. Further, I agree to not hold **Alatrade Foods** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Alatrade Foods** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH set-up form to the Accounts Payable Department.

<b><u>Vendor Information</u></b>				
<b>Vendor Name:</b>				
Tax ID#:				
Vendor Street Address:				
City/ ST/ Zip:				
<b>Name of Financial Institution:</b>				
<b>Bank Address:</b>				
<b>Routing Number: (Must be an ACH Routing #)</b>				
<b>Account Number:</b>				
<b>Check one:</b>	Checking:		Savings:	
<b>Check one:</b>	Business Account:		Personal Account:	
<b>Remittance Email:</b>				
<b>Vendor Contact Name:</b>				
<b>Contact Phone #:</b>				

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

By Email: [alewis@alatrade.com](mailto:alewis@alatrade.com)

By Mail:           Alatrade Foods

P O Box 768

By Fax:           (256) 505-4899

Boaz, AL 35957