



### DIRECT DEPOSIT AUTHORIZATION

Jefferson Lab electronic payment transactions follow the **ACH** payment method guidelines using CTX formatting. This format allows addenda records to include; invoice number, date and dollar amounts to be referenced on your bank advice. Please provide the following information to allow Jefferson Lab to remit payments to your company using this payment method. **Note: Finance will verify this information upon receipt of this completed form via verbal confirmation only.**

Company Name (please print): \_\_\_\_\_

Tax ID#(companies use only): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Checking  Savings

Bank Routing Number: \_\_\_\_\_  
(First 9 digits in lower left-hand corner of deposit slip or check)

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title (please print): \_\_\_\_\_

Phone#: ( ) \_\_\_\_\_ Email Address (for remit advice): \_\_\_\_\_

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Individuals Name (please print): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Checking  Savings

Bank Routing Number: \_\_\_\_\_  
(First 9 digits in lower left-hand corner of deposit slip or check)

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone#: ( ) \_\_\_\_\_ Email Address (for remit advice): \_\_\_\_\_

### **RETURN THIS FORM VIA EMAIL ONLY TO THE FOLLOWING:**

Attention: Accounts Payable Department  
Kay Lewis @ [CLEWIS@JLAB.ORG](mailto:CLEWIS@JLAB.ORG)

*Note: Please notify the Accounts Payable Department as soon as possible when any banking information changes.*

<u>For JLab Finance Use Only</u>	
Vendor ID _____	
Entered into Vendor Master By: _____	
Signature	Date