



### ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by Rebuilding Together Tampa Bay's office to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System. Recipients of the payments should bring this information to the attention of their financial institution when presenting this form for completion. **Recipients should also request to be notified immediately regarding any change occurring at the financial institution that may delay or prevent the receipt of scheduled payments.**

#### This Section to be completed by Vendor

##### VENDOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

FEDERAL I.D.#: \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED SIGNATURE** ( )  
**Phone Number**

##### AGENCY INFORMATION

NAME: REBUILDING TOGETHER TAMPA BAY INC

ADDRESS: 3914 N US 301 HWY Ste. 700 Tampa, FL 33619

CONTACT NAME: JOSE GARCIA PHONE: (813) 878-9000

#### This Section to be completed by vendor

##### FINANCIAL INSTITUTION INFORMATION

NAME: \_\_\_\_\_

(9) DIGIT ROUTING NUMBER: \_\_\_\_\_

DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS