

## ACH Form

I hereby authorize EMS Safety Services, Inc., hereafter called "EMS Safety", to initiate credit entries and if necessary, debit entries and adjustments for any credit entries in error to my account.

### Vendor Information

\_\_\_\_\_  
Vendor Name (Please Print)

\_\_\_\_\_  
Vendor SSN or FEIN

### Financial Institution Information

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Bank Routing Number (9 digit)

\_\_\_\_\_  
City

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Checking\_\_\_\_\_ Savings\_\_\_\_\_

\_\_\_\_\_  
Personal\_\_\_\_\_ Business\_\_\_\_\_

Please provide the email address that you would like remit information sent to:

\_\_\_\_\_

Vendor will promptly notify EMS Safety within ten business days after receipt of the remit information concerning any discrepancies or errors with the entry initiated by EMS Safety on your account.

The authority will remain in effect until EMS Safety has received written notification from the vendor requesting termination or change of account.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

EMS Safety use only: EMS Vendor ID \_\_\_\_\_