



ACH VENDOR PAYMENT ENROLLMENT FORM

I hereby authorize Finn Construction, Inc. to post payments into the financial account referenced below. I understand that I am responsible for the validity of the information on this form. If the ACH transmission fails, I would like payment, by check, to be mailed to the address noted in section A.

Section A **VENDOR (REMIT) INFORMATION**

Company Name:	SSN or Taxpayer ID No:
Address:	Email:
City, State, Zip:	Fax:
Contact Name:	Contact Phone:
Signature and Title of Authorized Official:	Date:

Section B **FINANCIAL INSTITUTION INFORMATION**

Bank Name:	
Bank Address:	
City, State, Zip:	
Bank Account Number:	Bank Phone:
Type of Account : <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Account Name:	Nine-Digit Routing Transit Number: