

New Set Up

 Cancellation

 Change of Information

Effective Date

VENDOR INFORMATION:

Legal Name

Company Address

Street Number

Street Name

Suite/Floor/Unit

City

State

Zip Code

Remittance Address (if different from Above)

Street Number

Street Name

Suite/Floor/Unit

City

State

Zip Code

Remittance Contact Name:

Title

Remittance Email Address*

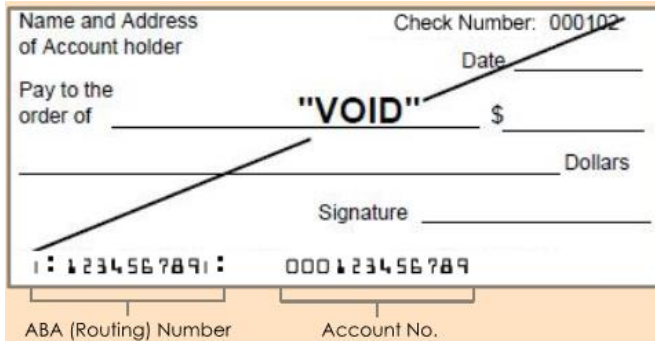
Phone Number

*The Remittance email detailing the invoice number, invoice amount paid, date of the payment and the total dollar value of the payment will be sent to the remittance email address specified above.

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION AGREEMENT
Banking Information

Please attach a voided check

Type of Account : ___ Checking ___ Savings



The image shows a voided check with the word "VOID" printed across it. The fields visible are: Name and Address of Account holder, Check Number: 000102, Date, Pay to the order of, Signature, ABA (Routing) Number: 123456789, and Account No.: 000123456789.

Bank Name:

Bank Address:

Street address

City

State

Zip Code

Phone Number

ACH ABA No.:

Account No.:

I hereby authorize Morrison Hershfield and its entities to direct payments electronically to the bank account specified. I acknowledge that the origination of ACH transactions to the specified account must comply with the provisions of US Law. This authorization agreement is effective as of the date above and is to remain in full force and in effect until Morrison Hershfield has received notification of its termination. I agree to submit an updated ACH Authorization Agreement Form to Morrison Hershfield for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature:

Printed Name:

Title:

Phone Number:

Authorization Date:

Scan and email the completed form and voided check to:
vendors@morrisonhershfield.com
Questions?

 Email vendors@morrisonhershfield.com

Tel. 416-499-3110 | Toll Free: 1-888-649-4730

ask for Accounts Payable

Please use this form to notify us immediately if your banking information changes.

If your company is using an email filtering program ("SPAM-blocker"), Morrison Hershfield remittance emails could be blocked. To ensure that you receive your remittance advice, contact your network administrator and have the following email address added to your company's "safe" list: payables@morrisonhershfield.com.

The individually identifiable and financial information on this form collected by Morrison Hershfield and its entities is used only for the purpose of payment of vendor invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.

Definitions and instructions:

- For new enrollment, complete the ACH registration form and include a copy of a pre-printed voided check with the account holder name imprinted on the check and submit to vendors@morrisonhershfield.com
- For ACH Bank changes, please complete the ACH registration form and include a copy of a pre-printed voided check with the account holder name imprinted on the check to vendors@morrisonhershfield.com
- The enrollment form must be signed by an authorized individual.
- Once we transmit an ACH to your bank, your bank has **3 business days** to settle the funds and make them available in your account.
- An e-mail notifications will be sent when an ACH payment has been issued
- For help on reconciling your electronic remittance please contact payables@morrisonhershfield.com

- All fields in the ACH Registration Form must be completed. These fields include:
 1. Company Name: (this must match the name imprinted on the voided check)
 2. Remittance Contact Name: this is the person in your Accounts Receivable department to whom the remittance information is sent
 3. Remittance email address: provide an email address for the person who will receive any notifications of payment and remittance reports when payments have been issued.
 4. Contact phone number: provide the number of the person who can help resolve any issues encountered when ACH files are being transmitted.
 5. Banking information: as defined below
 6. Authorization: Print name, title and provide signature of an authorized signing officer on the bank accounts provided, as well as the authorization date

- Void check: attach a void check to provide confirmation of Identification/account numbers
- Bank Name: official name of the provider's financial institution
- Bank Address: Street address, City, State, Zip Code associated with the branch of financial institution
- ABA routing number: a 9 digit code identifying your financial institution, found on the bottom left hand corner of printed checks.
- Account No.: a 7-12 digit number that uniquely identifies your bank account found on the bottom right hand of a check
- Authorized Signature: the signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
- Effective date: the date on which the enrollment is submitted