COSWORTH

# NEW VENDOR & (ACH) PAYMENT FORM

## ***Vendor Information:***

Vendor Name: _____

Address: _____

City/State/Zip Code: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name(s): _____ Phone #: (  ) _____

E-Mail Address(es): _____

## ***Banking Information:***

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: (  ) _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking ☐ Savings ☐

## ***Vendor's Authorization:***

Please sign below to confirm that you are authorizing Cosworth to begin transferring payments for your invoices to the account mentioned above.

_____ _____
Signature Title

(  ) _____ _____
Phone Number Date

**Please attach an account verification letter from your bank to authorize payments.**

**If you have any questions please contact our Accounting Department.**

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