

## Chapter 13 Trustee – Vendor Payment Authorization Form

Please complete the information below

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### **VENDOR INFORMATION:**

VENDOR NAME (AS IT HAS APPEARED ON PREVIOUS CHECKS):

\_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

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

This should be the email address where the check voucher will be sent

### **BANKING INFORMATION:**

FINANCIAL INSTITUTION NAME (PLEASE PRINT): \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_ CHECKING ACCOUNT \_\_\_\_\_ SAVINGS ACCOUNT

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

### **VENDOR AUTHORIZATION:**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

DATE: \_\_\_\_\_ DIRECT PHONE NUMBER: \_\_\_\_\_