



Salt River Pima-Maricopa Indian Community  
Finance - Vendor Maintenance  
10005 E Osborn Road, Scottsdale AZ 85256  
Phone (480) 362-7729  
[VendorMaintenance@SRPMIC-nsn.gov](mailto:VendorMaintenance@SRPMIC-nsn.gov)

## ACH AUTHORIZATION FORM

### Payee Information

Payee Name		Vendor No.	
<input type="text"/>		<input type="text"/>	
Address	City	ST	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting/ACH Contact Name	Phone	Remittance E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. I (we) further authorize Salt River Pima-Maricopa Indian Community to initiate credit entries to the account and financial institution listed above. I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in effect until SRPMIC has received written notification from (us) of its termination in such time and manner as to afford SRPMIC and the depository financial institution a reasonable opportunity to act on it.

☐ Checking

☐ **Cancel**

☐ Savings

☐ New

☐ Change

### Banking Information

Name of Bank/Financial Institution	Name of Account Holder
<input type="text"/>	<input type="text"/>
Address	Phone Number
<input type="text"/>	<input type="text"/>
Bank Routing Number*	Bank Account Number
<input type="text"/>	<input type="text"/>

\*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.  
**Submit a copy of a voided check or a document from your bank with ACH instructions along with this form.**

If you change banks or accounts please provide at least ten (10) days written notice.

### Payee Authorization:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name/Title	Authorization Signature	Date

Vendor Maintenance Use:	Date Received:	Date Entered:	Entered by:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>