



ACH PAYMENT AUTHORIZATION

Accounting & Administration • Authorizes AllPro to pay your company by ACH

VENDOR: Complete sections 1 and 2, sign section 3, and email this form to **mandi.woodell@allprob2b.com**.

YOUR BANK: Share this form with your bank if you need help filling in section 2.

AllPro Distributing, Inc. pays vendors by ACH (Automated Clearing House). We send payment data electronically to your bank. Missing or incorrect information can delay or stop your payments, so check each number before you sign. Ask your bank to tell you right away about changes that could affect payments, and send us a new form if your account changes.

1 VENDOR INFORMATION

Vendor (company) name	Federal ID #
Address (street, city, state, ZIP)	
Contact name	Remittance email

2 BANK INFORMATION

Bank name	Bank address
Routing number (9 digits)	Account type
	☐ Checking ☐ Savings
Account name (as it appears at your bank)	Account number

3 AUTHORIZATION

I am authorized to provide this bank information for the vendor named above.

Authorized signature	Date
Name (print)	Title

Send the completed form to: AllPro Distributing, Inc. • Attn: Mandi Woodell • **mandi.woodell@allprob2b.com**