Electronic Transfer Authorization Form

Vendor Number
(For Internal Use Only)

I hereby authorize Argonne National Laboratory managed by UChicago Argonne, LLC (Argonne) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the company's account indicated below and the Financial Institution named below. This authorization will remain in effect until Argonne Accounts Payable Section receives written notification to terminate the authorization. Please allow 30 days for processing changes. New forms must be submitted for any changes and/or cancellations to any of the information indicated on this form.

Return completed form to one of the destinations below. If choosing email, please do not send over unsecure connections.

Secure email:	Secure Fax:	Argonne National Laboratory Cashier
paymentforms@anl.gov	630-252-8270	9700 South Cass Avenue, Bldg 201 Lemont, IL 60439

Financial Institution Information			
Financial Institution Name:			
Institution Address:			
Institution City / State / Zip / Country (req'd if Int'l):		Telephone # (if necessary):	
You may only setup one bank account for Electronic Payments:			
☐ Checking **OR**	☐ Savings	☐ Cancel Checking	☐ Cancel Savings
Routing Number / ABA # (Must be 9 Digits) / SWIFT BIC:		Account # / IBAN:	

Authorization Information	
Company Name or DBA:	
Remittance Address:	
City / State / Zip:	Telephone #:
E-mail Address (For Remittance Advise):	
Printed Name:	Title:
Authorized Signature:	Date:

(For Internal Use Only:)
Entered by: _____ _____ Date: _____
Print Sign