

## 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:  
paymentforms@anl.gov

Secure Fax:  
630-252-8270

Argonne National Laboratory Cashier  
9700 South Cass Avenue, Bldg 201  
Lemont, IL 60439

Financial Institution Information			
Financial Institution Name: Bank of America			
Institution Address: 555 California St. Suite 1140			
Institution City / State / Zip / Country (req'd if Int'l): San Francisco, CA, 94104		Telephone # (if necessary):	
<b>You may only setup one bank account for Electronic Payments:</b>			
<input type="checkbox"/> Checking	<b>OR</b>	<input type="checkbox"/> Savings	<input checked="" type="checkbox"/> Cancel Checking
Routing Number / ABA # (Must be 9 Digits) / SWIFT BIC: 121000358 (ACH)/ BOFAUS3N			Account # / IBAN: 325000524643

Authorization Information	
Company Name or DBA: OpenFabrics, Inc. dba OpenFabrics Alliance	
Remittance Address: 1900 Embarcadero Rd., Ste 109	
City / State / Zip: Palo Alto, CA 94303	Telephone #:
E-mail Address (For Remittance Advise): accounting@openfabrics.org	
Printed Name: John Byrne	Title: Treasurer
Authorized Signature: 	Date: 11/4/2022

(For Internal Use Only:)

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
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