

Electronic Transfer Authorization Form

Vendor Number

(For Internal Use Only)

I

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	Secure Fax: 630-252-8270		Argonne National Laboratory Cashier 9700 South Cass Avenue, Bldg 201 Lemont, IL 60439	
Electrical Leadin Con Nove	Financial Institution	n Informa	ation		
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	☐ Can	ncel Checking		
Routing Number / ABA # (Must be 9 Digits) / SWIFT BIC:			Account # / IBAN:		
Authorization Information					
Company Name or DBA:					
Remittance Address:					
City / State / Zip: Teleph			one #:		
E-mail Address (For Remitta	ance Advise):				
Printed Name:			Title:		
Authorized Signature:			Date:		
(For Internal Use Only:) Entered by:				Date:	
Print	Sign				