



## VENDOR ACH / DIRECT DEPOSIT AUTHORIZATION

**NOTE: All information is required. Please type or print clearly.**

### **PART 1: Payee Identification**

<b>Payee Name</b>		<b>Payee Vendor Number/Social Security Number</b>		
<b>Payee E-mail Address</b>		<b>Payee Phone Number (with area code)</b>		<b>Type</b>
		<small>Work</small>	<small>Home</small>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	

**WARNING:** Federal law prohibits HOC from processing international ACH transactions (IAT). If any payment to you from HOC will result in an IAT under the National Automated Clearing House Association’s operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning. **If you fail to initial here, direct deposit will not be approved.**

### **PART 2: Financial Institution Information**

<b>Name of Financial Institution</b>	<b>Account Number</b>
<b>Name on Account</b>	<b>Account Type</b>
	<small>Individual / Consumer                      Commercial (Corporation, Partnership)</small>
<b>Nine Digit Routing Number</b>	

### **PART 3: Authorization**

I authorize HOC to deposit payments by electronic funds transfer (ACH) into the above-referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until HOC receives written notice to terminate.

<b>Authorized Signatory</b>	<b>Title</b>	<b>Date</b>