*Willdan Group, Inc.*

*Accounts Payable*

*2401 East Katella, Suite 300*

*Anaheim, CA 92806-5909*

*WGIAP@willdan.com*

**ACH / Direct Deposit Authorization Agreement**

**Electronic Funds Transfer (EFT) payment option is now available**

Dear Valued Supplier:

This notification is to inform you that we have started the process of transitioning payments made by paper check, to now offering electronic payments (EFT) as a payment option.

While we still offer payment by check, we encourage that you consider changing to EFT, which provides the most efficient payment of invoices.

EFT payments will provide the following benefits to our vendors:

* Funds will settle in your account on a predictable day
* Ensures that funds are available for use immediately
* Eliminates the possibility of lost checks or check fraud
* Paperless remittance advice via e-mail including invoice number, date and amount

**If you would like to begin receiving electronic payments (EFT), please complete and return the section below, along with a VOID check (not deposit slip) from your account or a letter from the servicing bank.**

***The information on the next page is required for all suppliers to process their ACH / Direct Deposit setup.***

**Date \_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We hereby authorize, Willdan Group, Inc., to initiate Automated Clearing House (ACH) electronic funds transfer (EFT)

to our account as indicated below:

***BANKING INFORMATION***

**Type of Account: Checking Account** [ ]  **/ Savings Account** [ ]

|  |
| --- |
| **Bank Name:** |
| **Bank Address:** |
| **City:** | **State:** | **Zip/Postal Code:** |
| **Transit ABA (Routing Number):** | **Account Number:** |

***VENDOR INFORMATION***

|  |  |
| --- | --- |
| **Vendor ID:** | **Name of Business:** |
| **Address:** |
| **City:** | **State:** | **Zip/Postal Code:** |
| **Email Address (for Remittance Detail):** |
|  |
| ***Signature of Authorized Representative of the Business:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Written Signature Required Printed Name Phone* |
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|  |

**Submit a copy of a voided check or a letter from the servicing bank with this form**

*If you change banks or accounts, please provide at least thirty (30) days written notice.*

Respectfully submitted,

**WILLDAN GROUP, INC.**