



Vendor ACH/Direct Deposit Setup Form
(U.S. Banks only)

VENDOR INFORMATION

Date:			
Vendor Name:			
Street Address: City, State, Zip			
Federal Tax ID or Social Security No.:			
Send remit advice to email address:			
Type of Account:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	

VENDOR BANK INFORMATION

Vendor Name as listed on Account:			
Bank Name:			
Bank Address: City, State, Zip			
Bank Account #			
ACH Routing # (9 digits)/ABA No.			
Payment Terms desired:			
Must choose one:	Pre-established Terms - No Fee <input type="checkbox"/>	3 Day Quick Pay - 3.0% Fee <input type="checkbox"/>	
	Next Day Quick Pay - 3.5% Fee <input type="checkbox"/>	7 Day Quick Pay - 2.5% Fee <input type="checkbox"/>	

I certify that I am an authorized representative of the above stated vendor and am authorized to allow the deposit of electronic funds into the business account of such vendor:

Vendor Signature:		Date:	
Name (Printed):		Phone:	
Title:			
Email Address:			

*Please email this completed form **AND** a voided check to: logistics@sunsetpacific.com or fax to (909) 993-0649. If a voided check is not received, the request will not be processed.