



## Vendor ACH Authorization Form

<b>Please Select One:</b>		
NEW ACH	CHANGE ACH	CANCEL ACH

<b>Vendor/Payee Information:</b>
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

<b>Financial Institution Information:</b>	<b>You must provide a voided check or a letter from your financial institution for verification of your account.</b>		
Bank Name:			
Bank Address:			
Name on Bank Account:			
Bank Account Number:			
Nine-Digit Bank Routing/Transit Number (ABA):			
Remittance Email Address:			
Type of Account:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Checking</td> <td style="text-align: center; width: 33%;">Savings</td> </tr> </table>	Checking	Savings
Checking	Savings		

<b>Approvals/Authorizations:</b>	
<p>I hereby authorize EMEP Operating, LLC (EMEP) to initiate automatic deposits to my account via electronic funds transfer (EFT also known as ACH) at the financial institution named above. Further, I agree not to hold EMEP responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization shall remain in full force and effect unless and until I or the financial institution change or cancel such authorization. This authorization shall be deemed to have been changed or canceled only after 30 days of EMEP's receipt of a written request from me.</p>	
Print Name: _____	Title: _____
Signature: _____	Date: _____

<b>Where to Return:</b>
By email: <a href="mailto:EMEP-OwnerRelations@eag1source.com">EMEP-OwnerRelations@eag1source.com</a>
By Mail: EMEP Operating, LLC, C/O EAG 1Source, Inc. 2628 Highway 36 S, PMB 283 Brenham, TX 77833-9616

**Please allow 8 weeks for setup to be complete**