



Request for ACH Authorization

POET - SHELBYVILLE
2373 W CO RD 300 N
SHELBYVILLE IN 46176

Attention: AP Department
Fax : 316.267.1071
Email: Accounting@poetep.com

VENDOR INFORMATION

Vendor Legal Entity Name:

Vendor Tax ID:

Vendor Address:

Type of Request (check ONE):

 New ACH Form
 Change Existing ACH Form

City:

State

ZIP:

Effective Date:

BANK INFORMATION

Bank Name:

Nine-Digit Routing Transit Number:

Bank Address:

Checking Account Number:

Name on Bank Account

Bank Phone number (if available)

Company Use Only

Vendor ID:

W-9 Attached

FOR AUTHORIZED SIGNER on BANK ACCOUNT

The undersigned is authorized to transact financial affairs of the above listed Vendor and hereby authorizes Poet Grain-Cloverdale, LLC hereinafter called 'the Company' to initiate credit entries for regular deposits to the account listed above. The Vendor agrees to promptly remit to the Company any amounts owing to the Company which are the subject of an ACH reject or which are not otherwise paid through ACH as the result of revocation.

If debit entries and/or adjustments are needed to correct any erroneous credit entries:

Please Select ONE:

Vendor authorizes the Company to initiate any debit entries, which shall not be for a sum greater than the incorrect entry.

Vendor agrees to wire/ACH the Company the funds within 2 business days to correct the erroneous entry; all additional deposits will be placed on hold until the funds are received in full to correct the error.

Signature of Vendor's Authorized Official:

Date:

Authorized Official's Name: (printed)

Authorized Official's Title:

This authority is to remain in full force and effect until 'the Company' has received written notice from the Vendor of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it, provided any revocation shall not affect the authority herein given to correct any credit/debit error made prior to receipt of notice of revocation by the Company.

VENDOR'S ACCOUNTING CONTACT INFORMATION

Vendor Accounting Contact's Name:

Phone Number:

Fax Number:

E-mail Address:

Vendor Accounting Contact's Title:

COMPANY USE ONLY

Setup Complete: Bank Routing Confirmed

Fifth Third

Type of Vendor: Commodity

General Payable

GP

Approval (signed): _____ Date: _____