P: 800.447.3177 F: 541.344.7429 1450 Westec Dr., Eugene, OR. 97402

Authorization Agreement for Electronic Funds Transfers

Note: This EFT Form must contain only typewritten text, except for the signature, which must be handwritten or "wet" signature.

Please include a W9, and check copy and email to AED@hsi.com.

Vendor Information

Vendor Name			
Remit to Address *(if different from W-9)*			
A/P Contact Person			
Email Address		Phone Number	
Reason for Request *(be specific)*			

Bank Information

Bank Name			
Bank Address			
Bank Contact		Phone Number	

If Domestic Vendor

Account Holder Name *(Must match on W-9 form)*	
ACH Transit Routing No. *(Always 9 digits)*	
Account Number	

If International Vendor

Account Holder Name *(Must match on W-8 form)*	
Swift Code	
IBAN No. (*Only for European bank account)*	
Account Number	

Authorized Signer

Name			
Title (*Must be an Authorized Signer)*			
Phone Number			
Signature *(Must be hand written)*		Date	

It is the responsibility of the vendor's bank to inform its customer how and when addenda information will be supplied. HSI and Family of Compaies. reserves the right to refuse to set up direct deposit for any vendor. Also, HSI and Family of Companies. will contact the vendor for any additional verification and information. This authorization is to remain in effect until the payer has received written notification of termination at such time and in such manner as to afford the payer and payer's bank a reasonable opportunity to act on it. The payer must be notified in writing of any bank account changes/closures within a minimum of thirty (30) days in advance. If a change involves a bank account other than that listed above, a new EFT form will be required.