



ACH SUPPLIER PAYMENT ENROLLMENT FORM

SUPPLIER INFORMATION

New Supplier

Current Supplier Change

Supplier Name _____

Supplier Address _____

Supplier Primary Contact _____

Supplier Primary Contact Phone _____

Supplier Primary Contact Email* _____

*remittance information will be sent to this email address

BANKING INFORMATION

Name of Receiving Bank _____

Routing Number (9 digit) _____

Deposit Account Number _____

Deposit Account Title _____

Deposit Account Type Checking Savings

SUPPLIER AUTHORIZATION

I hereby authorize, with the signature below, ODL Inc and/or its subsidiaries, to deposit all payments into the above referenced account.

Supplier Authorized Signature _____

Authorized Signer's Title _____

Authorized Signer's Phone _____

Date of Signature _____

Form should be emailed to AP@odl.com or faxed to Accounts Payable at 616-772-3840

Reset Form