HOSPICE & PALLIATIVE CARE FOUNDATION

Vendor Authorization and Agreement for Direct Deposit

As part of the *Hospice & Palliative Care Foundation's* payment process, vendors can elect to receive their payment (s) via direct deposit. Please read this agreement in its entirety and carefully, and complete all sections of the form. Missing and/or incomplete information may result in a delay of payments being processed or received.

Agreement:

This form authorizes the *Hospice & Palliative Care Foundation* (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method to my account listed below and to any other account I identify in the future (the "Account). This form authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply will all United States Laws. This authorization will remain in effect by the Company until written notification is received by me and the Company has a reasonable opportunity to modify or cancel the information in place.

Vendor and Bank Information Section:

Vendor's Name: _____

Vendor's Address: _____
Street

_____ _____ _____
City State Zip Code

Vendor's Phone Number: _____
(with area code)

Vendor's Email Address: _____

Name of Vendor's Bank: _____

Bank's Address: _____
Street

_____ _____ _____
City State Zip Code

Bank's Local Phone Number: _____
(please do not provide the toll free number for the bank, only a local branch)

Vendor's Bank Account Information (Please Print Clearly):

Account Number: _____

Routing Number (Must Be 9-Digits): _____

Note: please double check your information for the "account number" and "routing number." Vendors are responsible for verifying that the correct information is provided. If incorrect information is provided, and funds are not deposited, they ***cannot*** *be reissued until the funds have been return to the Hospice & Palliative Care Foundation. No exceptions.*

Vendor's Name (Print): _____

Vendor's Signature: _____

Date Signed: _____

DO NOT WRITE IN THE SPACE BELOW, IT IS FOR ACCOUNTING PURPOSES ONLY