



DAVID EVANS AND ASSOCIATES INC.

ACH DIRECT PAYMENT AUTHORIZATION

ARE YOU A FIRST TIME PAYEE? IF SO, PLEASE FORWARD A W-9 TO CRP\_AP@DEAINC.COM BEFORE ANY PAYMENT WILL BE MADE. W-9 is: [ ] ON FILE [ ] ATTACHED

PLEASE CHECK TYPE OF AUTHORIZATION: [ ] NEW [ ] CHANGE [ ] CANCEL

NAME OF PAYEE OR VENDOR NAME: \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_

PAYEE PHONE #: \_\_\_\_\_

PAYEE EMAIL FOR REMITTANCE: \_\_\_\_\_

REQUIRED

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OR

FEDERAL TAX IDENTIFICATION: \_\_\_\_\_

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) [ ] Checking Account [ ] Savings Account

Your Financial Institution's Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AUTHORIZATION: (Check appropriate item – one only)

[ ] I certify that I am an authorized user of this bank account and hereby authorize David Evans and Associates, Inc. to issue a direct payment of any invoice or reimbursement due to me/the Company into the above designated account. I understand that this authorization will remain in place until 15 days after notification is provided to David Evans and Associates, Inc. in writing of my cancellation.

If at any time the deposited payment amount exceeds the amount actually due and payable to me, I hereby authorize David Evans and Associates, Inc. at its sole discretion to either withhold a sum equal to the overpayment from future payments or recover such payment from the above-designated account until the overpayment is fully repaid. David Evans and Associates, Inc. will endeavor to provide you with prior notice of such an over payment.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that David Evans and Associates, Inc. assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to David Evans and Associates, Inc. by the financial Institution.

[ ] I hereby cancel my ACH Direct Payment Authorization

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_