



LAWRENCE LIVERMORE NATIONAL LABORATORY
FINANCE DEPARTMENT
Accounts Payable

Vendor Code \_\_\_\_\_
Site \_\_\_\_\_ Site \_\_\_\_\_
Site \_\_\_\_\_ Site \_\_\_\_\_
Date \_\_\_\_\_ By \_\_\_\_\_
FOR ACCOUNTS PAYABLE USE ONLY

Dear Vendor:

As a recipient of payments from Lawrence Livermore National Security, LLC, (LLNS) organization you may be able to take advantage of the Electronic Funds Transfer (EFT) Program. EFT (a.k.a. direct deposit) may be more convenient for your organization. Direct deposit payments are not subject to handling and mailing delays associated with checks. In addition, EFT payments are automatically and securely deposited into your designated bank account; they are sheltered from opportunities for misrouting, theft, and forgery. An automated e-mail remittance advice can be sent to you as notification of any payment deposited in your bank account by LLNS.

If you would like to receive direct deposit payments, please complete the form below and return this entire page to the EFT Coordinator at the address on the bottom of this page. If you have any questions, please e-mail EFTRequest@llnl.gov or call the Financial Services Help Desk at (925) 424-4444.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS/DEBITS)

Company Name \_\_\_\_\_ SSN or Fed Tax ID \_\_\_\_\_

Remittance Address \_\_\_\_\_ E-mail \_\_\_\_\_
(As shown on invoice - Street Address, City, State, Zip Code) (For Remittance Advice)

I (we) hereby authorize, Lawrence Livermore National Security, LLC, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to our bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
(9 digit ABA number) or (8 or 11 digit SWIFT code if foreign bank)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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