

ACH/Electronic Payments Vendor Request Form

Authorization: I authorize **Pelican Management Inc** the sender to initiate an electronic funds transfer to my account. If monies to which I am not entitled are deposited into my account, I authorize **Pelican Management Inc** to direct the bank to return said funds. This authority will remain in effect until **Pelican Management Inc** has received written notification from me of its termination in such time and in such manner as to afford **Pelican Management Inc** and its financial institution a reasonable opportunity to act on it.

To Be Completed By Vendor:

Company Name	<hr/>	
Bank Name	<hr/>	
Bank Account Number (ACH/EFT)	<hr/>	
Bank Routing Number	<hr/>	
Select Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
Remittance Advice Email	<hr/>	
Vendor Signature	<hr/>	Date <hr/>

This form is used to process or update a vendor file record to allow for ACH/Electronic payment.

A copy of a voided check or a bank letter must be included with this form for processing.

Any questions or concerns, please email insurance@goldprop.com.

