



TILSON

On a Mission

Tilson Technology Management

ACH Authorization Form US

Vendor invoice payments

I hereby authorize Tilson Technology Management and its affiliates (“Tilson”) to initiate invoice payment deposits to Vendor to the account at the financial institution named below via ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Vendor agrees not to hold Tilson responsible for any delay or loss of funds due to incorrect or incomplete information supplied by authorized signature or financial institution or due to an error on the part of Vendor’s financial institution in depositing funds to Vendor’s account.

This agreement remains in effect until Tilson receives a written notice of cancellation from Authorized signature or Vendor’s financial institution. It is Vendor’s responsibility to notify Tilson’s accounts payable department of any financial institution change.

Company & Remittance Contact Information

Company / “Vendor” Name	
Co. RemittanceAddress	
City, State & Zip	
Contact Name & Job Title	
Contact Telephone	
E-mail (for remittance communication)	

Bank Information - ACH

Bank Name	
Bank Address	
Bank City, State & Zip	
Bank ABA/Routing no. (9 digits)	
Account Number	
Account Name	
Type of Account	

Authorization

I certify that the above information is true and correct, and that as a representative for the above-named company, I hereby authorize Tilson to electronically deposit payments to the designated bank account. This authority remains in force until Tilson, Accounts Payable Department, receives written notification requesting a change or cancellation.

Printed Name:	Title:
Signature: 	Date:

Please E-mail or Fax completed & signed form to:

E-mail: ap@tilsontech.com

Fax: [1-207-772-3427](tel:1-207-772-3427)