

**P.E.LaMoreaux & Associates, Inc.**  
**Electronic Funds Transfer Authorization Agreement**  
**CTX Format – ACH Payments**

*Please complete the form and return to vendor maintenance via fax 205-752-4043 or mail to P.O. Box 2310, Tuscaloosa, AL 35403  
E-Mail Address: hrichardson@pela.com*

**Vendor Information**

Vendor Name on Account \_\_\_\_\_  
Legal Name of Business \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Federal Tax ID No. \_\_\_\_\_

**Bank Information: (ACH Banking Info.)**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Bank Routing No. (ABA) \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
EFT Remittance E-Mail Address \_\_\_\_\_

<b><u>Vendor Contacts</u></b>	<b><u>Name</u></b>	<b><u>Phone</u></b>	<b><u>E-Mail Address</u></b>
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The undersigned hereby authorizes P. E. LaMoreaux & Associates, Inc. (PELA) to make electronic funds transfers to the bank account specified above for the named Vendor for payment for goods and/or services. I hereby certify that I am duly authorized to sign this Authorization Agreement on behalf of said Vendor and that PELA may rely on this authorization and any instructions of the undersigned or any one of the above named Vendor Contacts in connection with funds transfers. I agree to provide PELA with a new Authorization Agreement, duly completed and executed, in the event of any changes, including changes in contact information. PELA shall be entitled to rely on the most recently dated Authorization Agreement which will supersede all previous agreements.

**Vendor Authorization**

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

*Note: PELA will accept signed Electronic Funds Transfer Instructions Form from vendors.*

Please contact Hestell Richardson at 205-752-5543, Ext 33.

**PELA Corporation Use Only**

**Submitted by Clerk #2**

*Vendor Maintenance*

*Signature*

*Date*

Authorization Verified		
Bank Account Verified		
Effective Date		