



VENDOR #:

DATE:

>>> FOR AHF USE ONLY <<<

**Vendor Authorization Agreement  
For Electronic Funds Transfer (Deposit)**

I, a duly authorized official of Vendor, hereby authorize **AHF, LLC dba AHF Products** to initiate deposit entries to Vendor's commercial checking account. By providing Vendor's commercial bank account information, Vendor hereby acknowledges that **AHF** will store Vendor's bank account information.

This authority is to remain in full force and effect until **AHF** has received written notification from Vendor of its termination, in such time and in such manner as to afford the company a reasonable opportunity to act on or until **AHF** has sent the Vendor ten (10) days written notice of **AHF's** termination of this Agreement.

**Required Vendor Information**

Vendor Name: \_\_\_\_\_

Remit To Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Remittance Email Address \_\_\_\_\_

Printed Name of Vendor's Authorizing Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Vendor's Authorizing Official: \_\_\_\_\_

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

Remittance File Format (select one):

Standard ACH \_\_\_\_\_

CTX (Utilities) \_\_\_\_\_

**Please return this form with EITHER a voided check, OR a letter from your bank which contains the proper account number and routing information. Return via US Mail or Email.**

US Mail:

AHF Products  
ATTN: Accounts Payable  
3840 Hempland Road  
PO Box 566  
Mountville, PA 17554

Email:

[ap@ahfproducts.com](mailto:ap@ahfproducts.com)