

AIDEA

AEA

ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:

via email: finance@aidea.org

via fax: 907-771-3044

AIDEA/AEA Accounts Payable

813 West Northern Lights Blvd. Anchorage, Alaska 99503-2495

Vendor Code:

SECTION A-Authorization (CHECK AT LEAST ONE BOX)

I hereby authorize **AIDEA** satisfy payment obligations due me by making deposits to the account indicated below. Yes No
I hereby authorize **AEA** satisfy payment obligations due me by making deposits to the account indicated below. Yes No

SECTION B-Payee Information (FILL IN ALL BLANKS)

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

Legal Name: _____ SSN / EIN: _____
(NAME USED ON LEGAL AND TAX DOCUMENTS) (TAX IDENTIFICATION NUMBER)

Business Name: _____
(IF DIFFERENT FROM LEGAL NAME / NAME USED IN DOING BUSINESS - DBA)

Address: _____ City: _____ ST: _____ ZIP+4: _____
(MAILING ADDRESS)

Remittance Address: _____ City: _____ ST: _____ ZIP+4: _____
(IF DIFFERENT FROM ABOVE)

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

BANKING INFORMATION

Financial Institution Name: _____
City, State: _____
9 Digit Routing Transit Number (RTN): _____
Account Number: _____
Name of or Name on Account: _____
This account is used primarily for: Business Personal

CHECK ONE ONLY

- CHECKING (Attach a voided check)
 SAVINGS (Attach a deposit slip for verification.)

SECTION C-Additional Payment Information (CHECK AT LEAST ONE BOX)

Per NACHA (National Automated Clearing House Association) Operating Rules, your bank must provide you with the remittance information (referred to as addenda) that AIDEA or AEA includes with each payment. If the information on your statement is not sufficient, it is your responsibility to submit a request to your bank asking them to provide you with this remittance information. It may be provided by email, fax, statement, or through a software application. Depending upon the format, there may be a charge for the service for which you are responsible for payment.

For businesses only, this addenda information can appear in two different formats as indicated below. If the account indicated above is for a **business**, please choose one of the options below.

- Payments deposited separately with one addendum record for each payment (used by most businesses).
- Payments combined into one deposit with multiple addenda records for each payment in the deposit (used by large businesses expecting multiple daily payments). You will need to contact your bank to make arrangements to receive complete remittance information.

I understand that receipt of the electronic fund transfer(s) will fulfill AIDEA's and/or AEA's payment obligation and AIDEA and/or AEA will be credited for the full amount on the date the fund transfer is completed. I also authorize AIDEA and/or AEA to initiate debit entries and adjustments for any credit entries made in error to this account. I understand AIDEA and/or AEA will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days notice, in writing, is required if I change financial institutions, account numbers or type of account. All correspondence with AIDEA and/or AEA concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____

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Banking Information/Documentation

**ATTACH
VOIDED CHECK
HERE**