

VENDOR ACH AUTHORIZATION

I (we) hereby authorize Ballston Spa National Bank, hereinafter called BSNB, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error, to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and NACHA operating rules. This authorization is to remain in full force and effect until BSNB has received written notification from me (us) of its termination in such time and in such manner as to afford BSNB a reasonable opportunity to act on it.

PLEASE PRINT:

COMPANY NAME: _____

ADDRESS: _____

EMAIL CONTACT: _____

PHONE NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION CITY/STATE: _____

BANK ROUTING NUMBER: _____

BANK CHECKING ACCOUNT NUMBER: _____

Date

Authorized Signature

Print Name/Title

Authorized Signature

Print Name/Title

PLACE YOUR VOID CHECK BELOW

No check needed if BSNB account

Please return signed form to BSNB Finance, PO Box 70, Ballston Spa, NY 12020. Email Noelle.Lindsay@bsnb.com or call (518) 363-8645 for assistance.