



Galleher, LLC
 Accounts Payable Department
 9303 Greenleaf Avenue
 Santa Fe Springs, CA 90670
 accountspayable@galleher.com

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name _____
 Address _____
 City, State Zip _____
 Telephone _____
 Contact Name _____
 Contact e-mail _____
 (for ACH remittance notification)

Complete this section for **new enrollments** or for **financial institution or account changes**.

Select one: New Enrollment Financial Institution or Account Change

Bank Name _____
 City, State Zip _____
 Bank Account Number _____
 Transit/Routing Number _____

Account Type (check one) Checking Account Savings Account

I, the undersigned, authorize GALLEHER, LLC to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until GALLEHER, LLC receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____
 Name (printed) _____ Title _____

Complete the section below to **CANCEL** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for GALLEHER, LLC to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as GALLEHER, LLC has reasonable time to act upon it.

Signature _____ Date _____
 Name (printed) _____ Title _____

Please Email the completed form to accountspayable@galleher.com

For Galleher use only
 Vendor Number _____ Date Received _____