

Electronic Funds Transfer Authorization Form Instructions

Please complete all sections on the Electronic Funds Transfer Authorization form along with a copy of a voided check or bank letter with bank account instructions and return to:

Los Alamos National Laboratory
Treasury Dept.,
P.O. Box 1663, MS P231
Los Alamos, NM 87545

Or you may send electronically to cashiers@lanl.gov.

All ach requests are subject to verification via phone call (US phone numbers only) whether employee or vendor.

Vendors will be asked to provide last invoice# and/or purchase number in order to proceed, please have your last payment remittance available.

Definitions:

- Financial Institution Information: Banking information
- Employee Z#: LANL Employee assigned Z number
- Vendor Information: Vendors who do business with the laboratory
- Company Name and DBA (if different)
- Vendor#: You can find your vendor number on your payment stub, will start with a P or an AC or A0

Please note incomplete forms will not be processed. If you have any questions please email cashiers@lanl.gov.

Electronic Funds Transfer Authorization Form

I, an authorized signer on the below account, hereby authorize Los Alamos National Laboratory, hereinafter called the Laboratory, to originate Automated Clearinghouse (ACH) credits for invoice payments (vendors), travel reimbursements, small purchase reimbursements and royalty payments (employees). I further authorize the Laboratory to originate ACH debits to this account but only in the event that the Laboratory issued an incorrect or duplicate ACH credit to this account. The Laboratory will notify you by telephone in advance of originating an ACH debit to this account.

Return completed form to:

Los Alamos National Laboratory
Treasury Dept.,
P.O. Box 1663, MS P231,
Los Alamos, NM 87545

or **Email to: cashiers@lanl.gov**
Ph: (505) 667-4090

*** Required Field**

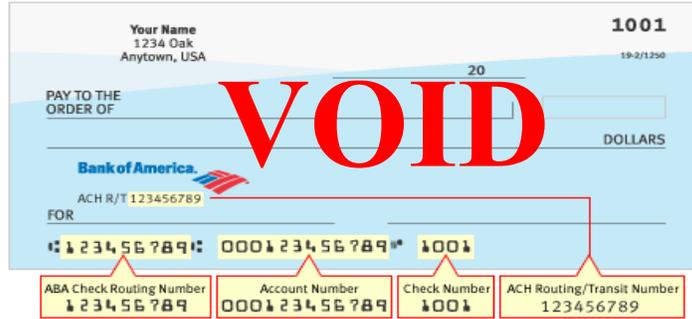
Financial Institution Information

Financial Institution: *

You may only set up one bank account for Electronic Fund Payments

Checking	Savings	Cancel	Change
ABA # (Must Be 9 Digits): *		Account #: *	

FOR CHECKING ACCOUNT AUTHORIZATION ATTACH A VOIDED CHECK OR ATTACH A LETTER OF BANKING INFORMATION CONFIRMATION FROM YOUR BANK. THIS FORM WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK OR CONFIRMATION LETTER



Authorization Information

E-mail Address (for payment notifications): *	
Printed Name: *	Telephone: *
Authorized Signature: *	Date: *
Vendor Company Name *	Employee Z# *
DBA Name (if different):*	Vendor#
Address: *	Last invoice #
City/State/Zip: *	Purchase Order #

Please allow 10 days for processing additions or changes. Separate forms must be submitted for additions or cancellations. This form is to remain in effect until the Laboratory has received written notification from an authorized representative of its termination in such time to afford the Laboratory and the Financial Institution a reasonable opportunity to act.