

Vendor/Subcontractor ACH Form

Yes! Please sign me up for Electronic Funds Transfer (EFT). This form shall be used to initiate or change all EFT or Wire payments (International companies only) made through the WR Systems Ltd Accounts Payable System.

This form shall be completed and e-mailed to accountspayable@wrsystems.com or submitted via the submit button on our W R Systems website. Please allow for reasonable time for this direction to be executed and note that all accounts shall be prenoted before a first payment is sent.

CHECK ONE:	Set Up New Account	Change Existing Account	DATE:					
A. PAYEE INFORMATION								
PAYEE NAME:								
SSN OR TAXPAYE	R ID:							
MAILING ADDRES	S:							
CITY:		STATE:	ZIP CODE:					
Additional Notes (i	f needed)							
CONTACT NAME:			CONTACT EMAIL:					
B. FINANCIAL IN BANK NAME:	STITUTION INFORMATIO	ON						
BANK ADDRESS:								
c	SITY:	STATE:	ZIP CODE:					
or ACH Payment On	ly:							
OUTING NUMBER (9 DIGITS):		ACCO	ACCOUNT NUMBER:					
or International Wir	es Only:	SWIFT ID (10 DIGITS): or						
BAN NUMBER:		COUNTRY AND SORT CODE (if applicable):						

C. PAYEE CERTIFICATION

F

I

I certify that I am legally entitled to receive payments from W R Systems, Ltd. as described above. By signing this form, I authorize these payments to be electronically transferred to the financial institution named and deposited into the account number specified. Authorization is also given to initiate, if necessary, any debit entries and adjustments for credit entries done in error to the account above. This authorization shall remain in effect until canceled in writing.

NAME AND TITLE OF AUTHORIZED OFFICIAL:

SIGNATURE OF AUTHORIZED OFFICIAL:

Questions? Concerns? Please contact W R Systems Ltd Accounts Payable at 703-934-0200 ext 321 or accountspayable@wrsystems.com

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