

ACH/ELECTRONIC PAYMENTS VENDOR REQUEST FORM

Authorization: I authorize *Pelican Management Inc* the sender to initiate an electronic funds transfer to my account. If monies to which I am not entitled are deposited into my account, I authorize *Pelican Management Inc* to direct the bank to return said funds. This authority will remain in effect until *Pelican Management Inc* has received written notification from me of its termination in such time and in such manner as to afford *Pelican Management Inc* and its financial institution a reasonable opportunity to act on it.

Section A: (To Be Completed By Vendor)

Company Name:

Bank Name:

Bank Account Number:

(ACH/EFT)

Bank Routing Number:

Select Account Type:

CHECKING

SAVING

Remittance Advice Email:

Vendor Signature:

Date:

This form is used to process or update a vendor file record to allow for ACH/Electronic payment.

A copy of a voided check must be included with this form for processing.

Any questions or concerns. Please email pelap@goldprop.com