



Delaware North Companies
250 Delaware Avenue
Buffalo, NY 14202-2285

ACH TRANSFER FORM

Please complete this form and return it to the requesting Delaware North Companies unit. All information will be maintained as strictly confidential.

Vendor Information:

VENDOR NUMBER: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS(ES): _____

(Remittance details will be sent via email with every ACH payment.)

PURCHASE ORDER EMAIL ADDRESS _____

(Purchase order will be emailed for every purchase)

PAYMENT TERMS (Please select one):

____ Standard – Net 90 days via ACH.

____ Standard – Net 60 days via ACH.

Vendor’s Bank Information:

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

ACCOUNT TYPE (Check one): CHECKING _____ SAVINGS _____
(Code 22) (Code 32)

Authorization:

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED NAME/TITLE: _____

(Do not write below this line.)

FOR DNC CORP USE ONLY:

MAXIMUM AMOUNT PER PAYMENT: _____

BANK ACCOUNT PAYING FROM: _____

BUSINESS UNIT ID NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNTING SUPERVISOR SIGNATURE: _____

DATE: _____