



FIRST REPUBLIC BANK
It's a privilege to serve you®

Supplier/Vendor

Authorization Agreement for Automatic Payments (ACH Credits)

I hereby authorize First Republic Bank to initiate deposit (credit) entries and (if necessary) adjustments for any credit entries made in error to our account indicated below. I further authorize the financial institution named below to credit and/or debit entries to this account. Debit entries can only be made to correct duplicate or erroneous payments and must be made within five (5) business days of Pay Date.

Financial Institution

Account Number (Checking Only)

Address

Transit / ABA Routing Number

City, State, Zip

This authorization agreement remains in full force and effect until First Republic Bank has received notice from me of its termination. Such termination must be made in such time and in such manner as to afford First Republic a reasonable opportunity to act on it.

This represents SETUP authorization

This represents a CHANGE of previously authorized information (please include only the information to be changed)

Signature

Print Name

Title

Supplier Name

Supplier Phone Number

Supplier Address

Supplier Email (required)

Required: Please attach a voided or check copy here

If company policy prohibits attaching a check, First Republic Bank is authorized to set up ACH based on the account information provided as being true and correct. Supplier will not hold First Republic Bank liable if the information is incorrect.

Treasurer or Other Officer

Signature

Print Name