



Niagara Vendor/ Supplier
Automatic Deposit Authorization and Payment Set Up Form

Vendor/ Supplier Information:

Vendor Name	Vendor Number – For Niagara Use Only
	Federal Tax ID/ SSN
Remittance Preference <input type="checkbox"/> Email	Remittance Email
Contact name	Vendor Phone

Bank Information:

Beneficiary Account Name			
Banking Institution Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Address			
City	State	Country	Zip
Bank Phone	Swift Number		
ABA/ Routing Number	Account Number		

I authorize Niagara Bottling to deposit funds automatically to the account above. This authority will remain in effect until cancelled in writing. I certify the above to be true and correct.

Name: _____ **Title:** _____ **CONTROLLER/CFO**

Signature: _____ **Date:** _____