



Accounts Payable

Vendor ACH/Direct Deposit Authorization Agreement Form

Aurora Health Care Inc. requires vendors to receive payments electronically. One method of receiving payment electronically is through an ACH deposit. In addition, with the Aurora Health Care Vendor Portal, you will have easy access to your payment detail.

Please complete this form and return it to Aurora Health Care – Accounts Payable **PO Box 343930 Milwaukee, WI 53234-3930** or [click here send to Aurora Accounts Payable](#).

By signing this agreement you authorize Aurora Health Care Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to your account indicated below and the institution named below, to credit and/or debit the same to such account.

Please Check One:		
<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE Direct Deposit	<input type="checkbox"/> CANCEL Direct Deposit

Vendor/Payee Information			
Vendor/Payee Name:		TIN #:	
Remit Address(es) for applicable accounts:			
Email Address:		Phone Number:	

Bank Information	
Financial Institution Name:	
Account #:	
Routing/ABA #:	
Type of Account:	Checking Savings

Type Name for Signature

Date

This authority is to remain in full force and effect until Aurora Health Care Inc. has received written notification from Payee of its termination in such time and such manner as to afford Aurora Health Care Inc. and Institution a reasonable opportunity to act on it.