axos ®
BANK

ACH Agreement Form - VENDORS

Authorization Agreement

I hereby authorize **AXOS BANK** to initiate ACH deposits to my account at the financial institution named below.

Further, I agree not to hold **AXOS BANK** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **AXOS BANK** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH form to the Accounts Payable Department. This acknowledgement must afford **AXOS BANK** no less than 3 business days prior to scheduled date of payment to act upon my direction. I further acknowledge that the origination of the Electronic Funds Transfer transaction to my account must comply with the provisions set forth in U.S. law.

Notice of Receipt Entry:

Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving your account, we are not required to give next day notice to you of receipt of an ACH item and we will not do so. However, we will continue to notify you of the receipt of payments in the periodic statement we provide to you.

Choice of Law:

We may accept on your behalf payments to your account which have been transmitted through one or more Automated Clearing Houses ('ACH") and which are not subject to other Electronic Funds Transfer Act and your rights and obligations with respect to such payments shall be construed in accordance with and governed by the laws of the state of California, unless it has otherwise specified in a separate agreement that the law of some other state shall govern.

Account Information

Name of Financial Institution: _____

Payment Email: _____   REQUIRED

Routing Number: _____

Account Number: _____

Checking ☐   Savings ☐

Signature

Authorized Signature (Primary): _____   **Date:** _____

VENDOR Company Name: _____   _____

AP Manager (Office Use Only): _____   **Date:** _____

VENDOR Email/Phone Number: _____   _____