

Automated Clearing House (ACH) Transfer Authorization

Please type or print information clearly

By completing and signing this authorization form, Payee hereby authorizes Leidos Biomedical Research, Inc. (Leidos Biomed) to initiate credit entries to the account listed below in connection with agreed-upon Electronic Data Interchange (EDI) transactions between our companies. Payee agrees that such transactions will be governed by the National Automated Clearing House (ACH) Association rules. This authority will be effective immediately upon receipt by Leidos Biomed and will remain in effect until Leidos Biomed, Accounts Payable has been afforded a reasonable opportunity to act on any written notification of change or termination received from Payee, or upon notice of termination by Leidos Biomed. Failure to provide the correct requested information may delay or prevent the receipt of funds through the ACH Payment System.

IN NO EVENT SHALL LEIDOS BIOMED BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY, OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DELAY, OMISSION OR ERROR OF AN ELECTRONIC CREDIT ENTRY, EVEN IF LEIDOS BIOMEDICAL RESEARCH HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Payee Information

1. First Name		2. Last Name	
3. Street Address	4. City	5. State	6. Zip Code

Payee's Accounts Receivable Information

7. Employer Taxpayer Identification Number (TIN)	8. Accounts Receivable Contact First Name	9. Accounts Receivable Contact Last Name	
10. Phone		11. E-mail Address	
12. Street Address	13. City	14. State	15. Zip Code

Financial Institution Information

16. Name of Financial Institution			
17. Street Address	18. City	19. State	20. Zip Code
21. Name on Bank Account		22. Financial Institution's ABA Routing Number	
23. Financial Institution's Account Number		24. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Authorization Information

I certify that the information on this form is true and correct as of the date written below.

25. First Name	26. Last Name	27. Title
28. Signature		29. Date

Question and Submittal Information for Leidos Biomedical Research, Inc.

For questions concerning EFT transactions, please contact Accounts Payable:	Phone: 301-846-1926
Please mail, e-mail, or fax completed and signed form to:	apvendorsetup@mail.nih.gov
Leidos Biomedical Research, Inc. Accounts Payable P.O. Box B Frederick, MD 21702	Fax: 301-846-7081

Automated Clearing House (ACH) Transfer Authorization – Instructions

1. Enter first name of payee.
2. Enter last name of payee.
3. Enter street address of payee.
4. Enter city of payee.
5. Enter state of payee.
6. Enter zip code of payee.
7. Enter the employer taxpayer identification number (TIN).
8. Enter first name of payee's accounts receivable contact.
9. Enter last name of payee's accounts receivable contact.
10. Enter phone number of payee's accounts receivable contact.
11. Enter e-mail address of payee's accounts receivable contact.
12. Enter street address of payee's accounts receivable contact.
13. Enter city of payee's accounts receivable contact.
14. Enter state of payee's accounts receivable contact.
15. Enter zip code of payee's accounts receivable contact.
16. Enter name of financial institution.
17. Enter street address of financial institution.
18. Enter city of financial institution.
19. Enter state of financial institution.
20. Enter zip code of financial institution.
21. Enter name on bank account.
22. Enter financial institution's ABA routing number.
23. Enter financial institution's account number.
24. Enter financial institution's account type – checking or savings.
25. Enter the first name of the responsible financial institution's authorized official.
26. Enter the last name of the responsible financial institution's authorized official.
27. Enter the title of the responsible financial institution's authorized official.
28. Enter signature of responsible financial institution's authorized official.
29. Enter the date the responsible financial institution's authorized official signed the form.