



Check One  
New      Change

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

I hereby authorize Henkels & McCoy Group, Inc. or its subsidiaries, collectively "the Company" to initiate electronic credit transactions for approved payments of vendor invoices into the bank account indicated below. This authority will remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act.

Vendor name: \_\_\_\_\_ as it appears on bank account.

Vendor number with H&M Group (if known) \_\_\_\_\_

Remit address as shown on invoice \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number for ACH payments \_ \_ \_ \_ \_ Must be 9 digits.

Bank Account Number \_\_\_\_\_

Name of Officer or Owner of Company

(printed): \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone# \_\_\_\_\_

**E-mail address is mandatory for invoice remittance advice** \_\_\_\_\_

INTERNAL USE ONLY RPM  
Date \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact# \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Verified YES      NO

INTERNAL USE ONLY HMSS  
Date \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact# \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Verified YES      NO

**HMSS Disbursements**  
Supervisor/Manager Approval: \_\_\_\_\_