

EMPLOYEE / GUEST AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN SCIENCE ASSOCIATES, LLC.

LIFE /GUEST NO. _____ NAME _____ BLDG. No. _____
(PLEASE PRINT)

EMAIL _____

I hereby authorize Brookhaven National Laboratory (BNL) to make payments for reimbursements and advances by initiating ACH (Automated Clearing House) credit entries or correcting entries to my account and financial institution indicated below, to credit and/or debit the same to such account. This authorization will remain in effect until BNL Accounts Payable receives written notification from me to terminate same. It is my understanding that credit authorizations may be revoked only by notification by the originator as described in the rules and regulations specified by NACHA (National Automated Clearing House Association).

FINANCIAL INSTITUTION

TRANSIT / ABA # (BANK 9-DIGIT ID #)

CHECKING ACCOUNT #

SIGNATURE

DATE

TELEPHONE NUMBER

Please email this completed form as an Adobe.pdf file including a **COPY** of a **voided check**

The Check should contain the following information:

Preprinted Name

Account number

Bank ABA number **(write "Void" on the check)**

Email your scanned documents to: Carolyn Dupre cdupre@bnl.gov

or

Mail your documents to: Carolyn Dupre Fiscal Services Division, Bldg. 400D, 631-344-5167

ADMINISTRATIVE CONTACT

EMAIL

TELEPHONE EXTENSION