



Vendor Payment Authorization Agreement

This form is to be completed by the vendor to authorize direct payment for services rendered. Please complete all relevant sections to ensure timely and accurate remittance.

Section 1: Payee Information (Vendor Details)

Legal Business Name:	
Doing Business As (DBA), if applicable:	
Taxpayer Identification Number (EIN/SSN):	
Full Mailing Address:	
Contact Person (Accounts Receivable):	
Contact Phone Number:	
Contact Email Address:	

Section 2: ACH Direct Deposit / Wire Authorization

I authorize Nevantin Services, LLC to send credit entries to the account below.

Account Holder Name (Beneficiary Name, as it appears on the account):	
Account Type:	☐ Checking ☐ Savings
Routing Number (ABA) for ACH	
Routing Number (ABA) for Wire (if different):	
Account Number:	
Financial Institution Name:	
Financial Institution Address:	

Section 3: Zelle® Payment Authorization (Optional)

This method is intended for non-recurring or small-value payments only. By providing this information, you confirm this is a valid account associated with your Zelle® profile.



Zelle® Registered Email Address: OR Zelle® Registered U.S. Mobile Number:	
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Section 4: Authorization and Agreement

As an authorized representative, I authorize Nevantin Services, LLC to send electronic payments for invoices to the account provided. I affirm all information is accurate and will provide 15 days' written notice of any changes. I agree to hold Nevantin Services, LLC harmless from any loss caused by inaccurate data or failure to provide timely updates. This authorization remains in effect until I provide written notice of termination with reasonable time for Nevantin Services, LLC to process the request.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____