



## Vendor Authorization Agreement for Direct Deposit - ACH

### *Vendor Contact Information*

Vendor Name:

\_\_\_\_\_

Vendor Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remit to Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Payment Notification Email Address:

\_\_\_\_\_

### *Vendor Account Information*

Banking Institution Name:

Transit/ACH Routing Number:

Account Number:



**Must include a voided check or signed bank letter with account and routing information.**

I hereby authorize Mueller Co., LLC, and any of its eligible subsidiary companies, and the Financial Institution(s) designated above, to process credit entries for accounts-payable related funds.

Authorized Signature:

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: [vendormaintenance@muellerwp.com](mailto:vendormaintenance@muellerwp.com)

\*\* We are required to call and verify all banking information on the form after submission within 3 business days, our failure to validate, will require us to pay by check until validation is completed.