



Accounts Payable Dept  
269 Mill Road  
Chelmsford, MA 01824

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT)  
Automated Clearing House (ACH) Payments

**COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_

REMIT TO Address: \_\_\_\_\_  
*Must be same remit to address as shown on invoices*

CITY, STATE, ZIP: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BANK INFORMATION**

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

ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Swift Code: \_\_\_\_\_ IBAN: \_\_\_\_\_

ABA Routing number for ACH's only    ABA Routing Number should come from Check Stock not from DD Slips

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION COMPLETED BY ZOLL**

New Set up\_\_\_\_

Change Request\_\_\_\_

Name of Contact \_\_\_\_\_

Prepared By: \_\_\_\_\_ Approved By \_\_\_\_\_