



## Electronic Payment Authorization Form

The purpose of this form is to authorize invoice payments via ACH or EDI.

### Vendor Information

FEIN / Tax ID or SS# if sole proprietor: \_\_\_\_\_ Vendor Acct No. \_\_\_\_\_

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Contact at TDS or U.S. Cellular: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Company's Banking Information

Call your financial institution to confirm the information below is accurate for ACH credits to your bank account.

\*Companies authorized to pay you via ACH:

U.S. Cellular  TDS Telecom  Telephone and Data Systems  OneNeck

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

Account Name: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

ACH Routing: \_\_\_\_\_ (9 digits)

Account Number: \_\_\_\_\_ Account Type: Checking  Savings

### Company Contact Information

1st Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Remittance Information (select one)

By EDI (CTX)  By Email  By Fax:  By Mail (to address above)

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

EDI (CTX) Technical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Vendor Authorization

The person signing this form must be an authorized account signer for bank account listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name / Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Please Print)

**\*Telephone and Data Systems, U.S. Cellular, TDS Telecom, and OneNeck IT Solutions are separate legal entities and are not responsible for any losses due to incorrect data.**