



Nationwide Insurance & Affiliates Vendor ACH Payment Authorization

Company Name: _____

Tax ID Number: _____
(required)

Remit Address: _____
(required)

I hereby authorize Nationwide to direct deposit invoice payments or any other miscellaneous payments or expenses into the account indicated below. I further authorize Nationwide to debit our Company's account to correct a previous deposit made in error, provided that Nationwide shall provide me notification of the same. It is further understood that Nationwide cannot debit your account for any reason, other than to correct an erroneous payment for the amount of said payment only.

Financial Institution: _____

Account Number: _____

ABA Number: _____

NOTE: The ABA and Account Numbers have been provided by my financial institution, which accepts direct deposit/ACH transactions.

CHECKING ACCT SAVINGS ACCT

This authority is to remain in effect until Nationwide Accounts Payable Department receives written notification from our company of its termination in such a time and manner as to afford Nationwide Accounts Payable Department a reasonable opportunity to act on it.

Date: _____

Authorized Signature: _____

Printed name of Above: _____

Title of Above: _____

Contact Phone Number: _____

For Accounts Payable Use Only

Vendor Number: _____ Change: Add:

Date Received: _____

Date Processed: _____ Completed By: _____

Fax completed form to: Accounts Payable 614-277-5502