Shared Services
Procurement

Check One
☐ **New Supplier**
☐ **Existing Supplier**

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize H&M Shared Services, Inc. or its associates, collectively "the Company" to initiate electronic credit transactions for approved payments of vendor invoices into the bank account indicated below. This authority will remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act.

Vendor name: _____ as it appears on bank account.

Supplier Portal Vendor number (if known) _____

Remit address as shown on invoice _____

Bank Name _____

Bank Routing Number for ACH payments _ _ _ _ _ _ _ _ _ Must be 9 digits.

Bank Account Number _____

Notification Email _____ *(email address is mandatory)*

Name of Officer, Owner, or Designated Signatory of the Company

(printed):_____

Signature_____ Title _____
(must be original ink signature or docusign)

Date_____ Telephone#_____

Name of Person Submitting *(if other than name above)* _____

INTERNAL USE ONLY - BU Proc. / AP
(NOT REQUIRED FOR NEW SUPPLIERS)
Date _____
Contact _____
Contact# _____
Signature_____
Printed Name _____
Verified: ☐ Yes ☐ No

INTERNAL USE ONLY - HMSS A/P
Date _____
Contact _____
Contact# _____
Signature_____
Printed Name _____
Verified: ☐ Yes ☐ No

HMSS A/P Manager Approval: _____