

Trading Partner Agreement

Vendor Information:

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Vendor Bank Information:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank ABA/Routing Number: _____

Bank Account Number: _____ Account Type: Checking Savings

Bank Contact Name: _____ Phone: _____

This agreement is between _____, "Vendor" and _____, "Company", whereas:

- 1) "Vendor" authorizes "Company" to initiate Debit Credit Debit and Credit entries to the bank account noted above.
- 2) In the event of an erroneous transaction, "Vendor" authorizes the reversal or correction of erroneous transaction.
- 3) "Vendor" agrees that obligations with weekend or Federal holiday due dates (banks closed) will be due for payment on the Prior Business Day Next Business Day.
- 4) "Vendor" may change its designation of bank or bank account information by written notice to "Company". Notice must be received by "Company" at least ____ days before the effective date of the change or termination.
- 5) This agreement is effective as of _____ day of _____, _____.

Authorized Representative Name: _____

Signature: _____ Date: _____