



Delaware North Companies
40 Fountain Plaza
Buffalo, NY 14202-2285

ACH PAYMENT FORM

Please complete this form and return it to the requesting Delaware North Companies unit. All information will be maintained as strictly confidential.

Vendor Information:

VENDOR NUMBER: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS(ES): _____

(Remittance details will be sent via email with every ACH payment.)

PAYMENT TERMS (Please select one):

____ Standard – Net 45 days via ACH.

____ Expedited – Payment in 15 days via ACH, net of a 1.5% discount. If discounted payment is not made in 15 days, full payment will be made in 45 days.

Vendor’s Bank Information:

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER (9 digits): _____

ACCOUNT TYPE (Check one): CHECKING _____ SAVINGS _____
(Code 22) (Code 32)

Authorization:

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED NAME/TITLE: _____

(Do not write below this line.)

FOR DNC CORP USE ONLY:

BANK ACCOUNT PAYING FROM: _____

ACCOUNTING SIGNATURE: _____

INPUT BY: _____ DATE: _____