



CAI

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ACH - DIRECT DEPOSIT - REQUEST FORM

Vendor Information:

Payee Name: _____

Remittance Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

E-Mail Address: _____

(ACH Deposit notifications will be sent to this E-mail address)

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: (____) _____

ABA Routing #: _____ Account #: _____

Account Type:	Business Checking	Business Savings
<i>(Please check only one)</i>	Personal Checking	Personal Saving

Vendor's Authorization:

Please sign below to confirm that you are authorizing Cicatelli Associates Inc. to begin depositing payments for your invoices into the account mentioned above and to debit if necessary for corrections.

Signature Date

Print Name Title Phone No.

Please email this completed form with a voided check to your contact at CAI. With your next payment, a prenote will be sent to your bank to confirm that the banking information is correct. This confirmation process takes approximately 10 days. All payments prior to this time will be paid via check.