



DIRECT PAYMENT AUTHORIZATION FORM

Please use this form to authorize Long Beach Forward to electronically deposit payments for your invoices and/or reimbursements directly into your specified bank account. For questions or assistance completing any section of this form, contact Ariel Halstead, Administration and Operations Director, at ariel@lbforward.org.

BANKING INFORMATION <i>(Please complete all information)</i>			
Enrollment Action:	<input type="checkbox"/> New	<input type="checkbox"/> Cancel	<input type="checkbox"/> Update
Bank Name:		Branch:	
Address:		City:	
State:	Zip:	Phone #:	
Bank Account Number:			
Bank Routing Number:			

VENDOR/PAYEE INFORMATION <i>(Please complete all information)</i>		
Vendor/Payee Name:		
Address:		City:
State:	Zip:	Phone #:
Email Address:		

VENDOR/PAYEE CERTIFICATION
By signing this form, I confirm that the above bank information is accurate and that I authorize Long Beach Forward, Inc. to issue an electronic payment to the above named account. When signing this form, I am in agreement that Long Beach Forward, Inc. has the authorization to initiate debit entries and adjustments in order to correct any funds erroneously deposited into my account without any liability.
Authorized Signature:
Date: