

The Fine Art Group, Inc.  
Vendor ACH Authorization Form  
SECTION I - Vendor Information

Vendor /Company Name _____	
Address: _____	
State: _____	Zip: _____
Accounts Receivable Contact: _____	
Phone: _____	E-Mail: _____

SECTION II -Authorization Agreement

I (we) hereby authorize **The Fine Art Group** hereinafter called **TFAG**, to initiate credit entries to my (our) account listed below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to *my* (our) account must comply with the provisions of the law.

Select Type of Account:       Checking                       Savings

Depository Name: \_\_\_\_\_                      Depository Branch: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      ZipCode: \_\_\_\_\_

Routing Number: \_\_\_\_\_      Account Number: \_\_\_\_\_

Swift Number: \_\_\_\_\_

This authorization is to remain in full force and effect until **TFAG** has received written notification from me of its termination in such time and in such manner as to afford **TFAG** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s)      PLEASE PRINT	ID#
Signature	Date

SECTION III - For TFAG use

System set up                       Date \_\_\_\_\_