

ACH/WIRE AUTHORIZATION FORM

Supplier Information

Name _____
Address _____
City _____ State/Country _____ Zip/Postcode _____
Email _____ Phone _____ Currency _____

Banking Information

Name on Account _____
Bank Name _____
Bank Address _____
Account Number _____
US Routing – ACH _____
US Routing – Wire _____
BIC/Swift Code _____
IBAN _____
CA Institution & Transit _____
UK Sort Code _____
MX Clabe _____
AU/NZ BSB _____
IN GST Registration Number _____
IN PAN Number _____
Account Type _____
VAT Number _____

If possible, please attach a copy of a voided check for the bank account listed above.

Authorization:

By signing below, I authorize Informa, its subsidiaries, and the financial institution listed above to deposit my payment electronically via ACH or Wire to the referenced account; and, if necessary, to adjust or reverse a deposit for any payment made in error to my account. This authorization will remain in effect until I have provided a cancellation notice in writing.

Signature _____ Date _____

Completed form must be signed and emailed directly to MDM.sarasota@informausa.com