

2250 Meijer Drive | Troy, MI 48084 | 248.288.7000 | Fax 248.288.7100

Electronic Payment Program

Please complete this form in its entirety

_____ (vendor name), hereby (1) Authorizes Metroline, Inc. to make payment for goods and/or services by EFT. (2) Certifies that it has selected the following depository institution, and (3) directs that all remittance advices be sent as provided below:

Financial Institution Name: _____

City/State/Zip Code: _____

Telephone/Fax Number: _____ / _____

Routing / ABA No. : _____ Checking () Savings ()

Account # : _____

Vendor will give (30) days advance notice in writing of any change in depository institution, other payment instructions or change in remittance advice option to the address at the top of this form. When properly executed, this authorization will become effective for invoice received by Metroline, Inc. after date of authorization.

Company Name: _____

Telephone Number: _____

Authorized Signature: _____ Date: _____

Title: _____

E-mail address to send ACH Remittance to: _____

Credit Department Use Only	
Vendor #	Date Rec'd
Date Proc'd	Proc'd By

**Please Return Authorization by Fax or E-mail to:
(248) 655-1456 or accounting@metrolineinc.com**