



**ACH VENDOR PAYMENT AUTHORIZATION FORM**

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the FNA, Inc. to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

**This Section to be completed by Vendor**

**VENDOR INFORMATION**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
FEDERAL I.D.#: \_\_\_\_\_

**AGENCY INFORMATION**  
NAME: Financieros Norte Americanos, Inc.  
ADDRESS: P.O. BOX 208, Old Hickory, TN 37138  
CONTACT NAME: Joey Huffines 615-928-6365

**This Section to be completed by Vendor**

**FINANCIAL INSTITUTION INFORMATION**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ACH COORDINATOR NAME: \_\_\_\_\_  
(9) DIGIT ROUTING NUMBER: \_\_\_\_\_  
DEPOSITOR ACCOUNT TITLE: \_\_\_\_\_  
DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT:  CHECKING  SAVINGS  
\_\_\_\_\_  
**SIGNATURE & TITLE OF REPRESENTATIVE** (\_\_\_\_\_) **PHONE NUMBER**