



Dear Vendor/Supplier:

In order to reduce cost and increase efficiency, the Country Meadows Accounts Payable department is moving to an electronic reimbursement system for all payments to vendors. We would appreciate your cooperation in meeting this goal. Once we have received your information, any check that you would normally receive from Accounts Payable will then be direct deposited to the account you have specified. No more waiting for checks to arrive in the US mail. Remittance information will be sent via email on Thursday to alert you to that a deposit will be made into your account on Friday. Payments will be direct deposited into your account on Friday morning.

Please send this completed form by fax (717-533-1014), mail (Country Meadows A/P Dept, 830 Cherry Drive, Hershey, PA 17033) or email to accountspayable@countrymeadows.com. For questions, please contact the Accounts Payable department (717-533-2474).

ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION FORM

NAME ON ACCOUNT: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL (for remittance advice): _____

** If no email available, please call the A/P Department (717-533-2474) to discuss other available options **

Direct Deposit to Checking/Savings Account : (attach copy of voided check)

☐ Checking	☐ Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

A graphic showing a portion of a check with a routing number and account number. The routing number "22222222" is circled in purple, and the account number "000 111 555 1027" is circled in orange. Labels "Routing Number" and "Account Number" are placed above the respective numbers.

Authorization Statement - By selecting the electronic deposit option above, I hereby authorize Country Meadows (CM) to initiate credit entries to my account number listed above at the depository indicated above and initiate, if necessary, debit adjustments for any error. I will not hold (CM) responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account. This authorization is to remain in full force and effect until it is terminated by me or at (CM's) discretion.

VENDOR AUTHORIZED SIGNATURE: _____ DATE: _____