YMS MANAGEMENT ASSOCIATES, INC.
160 BROADWAY, SUITE 1201 NEW YORK, NY 10038 | 212.374.1385
WWW.YMSMANAGEMENT.COM | DYCDSubmissions@YMSMANAGEMENT.COM

Vendor ACH/Direct Deposit Authorization Form

1. Please Check One:	
☐ NEW Direct Deposit	☐ CHANGE Direct Deposit

2. Vendor/Payee Information
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

3. Financial Institution Information		
Bank Name:		
Bank Address:		
Name on Bank Account:		
Bank Phone Number:		
Bank Account Number:		
Nine-Digit Bank Routing/Transit Number (ABA):		
Type of Account:	☐ Checking	☐ Savings

4. Approvals/Authorizations
I certify that the information provided on this form is correct, and I hereby authorize YMS Management Associates, Inc. (hereinafter COMPANY) to electronically deposit payments to the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.
Print Name:_____ Signature:_____ Date:_____