

ELECTRONIC FUNDS TRANSFER AGREEMENT

Send to: **Sandia National Laboratories, Supplier Data Management MS 1383, PO BOX 5800, Albuquerque, NM 87185-1383 or Fax: (505) 284-4798.**

The undersigned Supplier (hereinafter referred to as Supplier) hereby authorizes Sandia Corporation DBA Sandia National Laboratories (hereinafter referred to as Sandia) to make payment for goods and services covered by an agreement between Supplier and Sandia by utilizing, at Sandia's option, Electronic Funds Transfer (EFT). Any information which Supplier has heretofore provided for such purpose to Sandia concerning the method and/or timing of payment for goods and services and any contract provisions regarding the method and/or timing of such payments shall be amended to the extent provided herein.

Supplier certifies and agrees that in the event Supplier currently receives EFT payments from Sandia, the same depository institution will be used for purpose of this agreement. Supplier also agrees to provide Sandia with **written notification** of any change in Supplier's depository institution, payment instructions, or remittance data instructions at least fifteen (15) days in advance of such change. Such notification shall be delivered to Sandia Supplier Data Management Group, P.O. Box 5800 MS 1383, Albuquerque, NM, 87185-1383.

Sandia shall be responsible for making all payments required in accordance with the terms and conditions of the contracts and/or purchase orders as amended by this Agreement. The EFT payment shall be deemed completed when Supplier's depository institution receives or has control of the payment. Sandia shall be responsible for any loss of payment prior to the point at which Supplier's depository institution shall receive or have control of the payment.

Supplier shall be responsible for any loss which may arise by reason of any error, mistake or fraud regarding the information provided herein, or any subsequent change. Any other loss shall be borne by Supplier, except to the extent that such loss arises by reason of the negligence or willful misconduct of Sandia.

In the event that payment has not been received by Supplier within the terms of the contract or purchase order, Supplier shall notify Sandia immediately in writing and Sandia shall have ten (10) days from the date of receipt of such notice in which to make said payment. Until the expiration of that period, Supplier agrees to not have, or pursue, any rights or remedies against Sandia for any failure to make payment including, without limitation, actual, incidental or consequential damages.

In the event of duplicate payment, overpayment, fraudulent payment or any payment made in error, Supplier agrees to return any such payment to Sandia upon discovery of such error by Supplier or after Sandia provides sufficient information to support its claim.

Supplier Authorization Acknowledgement

Supplier Name _____
Authorized Signature _____ <i>If sent via email, signature is not required.</i>
Name and Title (Please Print) _____

Depository Institution Information

Depository Institution Name: _____
Address: _____ _____
Bank Contact: _____
Bank Contact Phone: _____
Bank Transit Routing Number: _____
Bank Account Number: _____
Name on Bank Account: _____ _____
Type of Bank Acct.: <input type="checkbox"/> Checking
NOTE: Accounts Payable only deposits funds to Checking Accounts

Accounts Receivable Information (your company's applicable remit to address)

Accounts Receivable Remittance Address _____ _____ _____ _____ _____
Account Contact Name: _____
Contact Phone Number: _____
You will be notified of electronic payments via e-mail <u>only</u>. For electronic payment notification please provide e-mail address.
*E-mail address: _____
*Supplier Fed Tax ID #: _____
*Denotes required field