

**Army and Air Force Exchange Service**  
**ELECTRONIC PAYMENT AUTHORIZATION**

This form authorizes us to make EDI payments with addenda records that carry payment-related information to you. You should bring this information to the attention of your financial institution for completion. When the form is completed, please fax to: **Fax #: 214-465-2339**

Vendor Number: \_\_\_\_\_

**Your Company Information**

Company Name:		Email:	
Address:	City	State	Zip
A/R Remittance Address: (if different)	City	State	Zip
Contact Person Name:		Telephone:	
		FAX:	
How do you want the remittance information routed? <input type="checkbox"/> Together <input type="checkbox"/> Internet <input type="checkbox"/> Separate (820)			
W-9 IRS			

**Financial Institution Information**  
**(to be completed by your financial institution)**

Payment Format: CTX Credit 820 Version 5010	
Bank Name:	
Address:	City      State      Zip
EDI Coordinator Name:	Telephone Number with Area Code:
Nine-Digit Routing Transit Number:	Swift Number:
Account Number:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Signature and Title of Financial Institution Representative:	Telephone Number with Area Code:

I hereby authorize AAFES to initiate credit entries to the account specified in accordance with applicable rules relating to corporate payment entries of the National Automated Clearing House Association (NACHA) and its related member associations. This authorization is to remain in full force and effect until either party has given sixty (60) days written notice to the other party.

\_\_\_\_\_  
Date      Authorized Name & Signature      Title