ELECTRONIC PAYMENT INFORMATION FORM

TOMRA
Helping the world recycle

IMPORTANT NOTICE: In order to streamline our billing process, TOMRA is requesting that customers participate in ***electronic payment***. To accomplish this, we ask that you complete this form and return at your earliest convenience:

TOMRA
Attn: Kim Yosenick
31 Opus Blvd
Rotterdam, NY 12306

fax: 518-357-9502
email: kim.yosenick@tomrana.com
Phone: 800-866-7210 ext 18004 or 518-503-1004

Please review your banking and remittance information for accuracy before returning this form. TOMRA will be utilizing the Automated Clearing House (ACH) Payment System to ensure the security of payments deposited into your bank account.

**** PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.**

ACCOUNT INFORMATION

Account Name: _____ _____ TOMRA Account #: _____

Federal Tax ID#: _____ Contact Name: _____

Address: _____

_____

Email address: _____

BANK INFORMATION

Bank Name: _____ Bank Contact: _____

ABA Routing #: _____ Account #: _____

Bank Address: _____

Checking account ☐ Savings account ☐

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Vendor agrees to release and indemnify TOMRA for all damages arising from payments made according to the information provided by vendor in this form Vendor agrees that TOMRA may reverse any electronic payments made that are found to be duplicate, in excess of requirements, and fraudulent, or are made in error. TOMRA agrees to provide Vendor with immediate notice of any such reversal and the reason therefore. Signature represents that signer is an authorized representative of this vendor and is properly authorized to sign this form.

Name: _____ Title: _____

Telephone Number: _____ Date: _____

For TOMRA Billing Office use: Branch _____ EPICOR # _____