Vendor Number (for internal use only)											

## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

Please PRINT or TYPE in all required sections of the form

## PLEASE FAX FORM TO: (407) 243-1133 or EMAIL TO: northamerica-eft.gss@siemens.com

(VENDOR)<sup>1</sup>

sells goods and/or services to SIEMENS and/or one or more of its wholly-owned subsidiaries.

Siemens Contact Name:

c

SIEMENS intends to execute all payments for goods and/or services by electronic funds transfer (EFT) through the Automated Clearing House (ACH)<sup>2</sup>, Federal Reserve Wire System or other electronic means. The VENDOR authorizes SIEMENS to make payments for goods and/or services by EFT to the account at the financial institution below.

New			Change										Resubmission																					
Banking Information:																																		
Financial Institution (Bank) Name:																																		
Bank Address:																																		
Bank Address (continued):																																		
Bank Routing Transit Number (ABA#):																																		
Account Number:																																		$\square$
Account type : (*Required)			Savings Checking *The applicable box must be selected or electronic payments may be delayed.																															
For ACH Payments requiring IAT for	mat pl	eas	se o	cheo	ck I	box	2																											
International vendors only:					_				_																			_						
Swift Code (if applicable):					$\downarrow$				$\downarrow$																									
IBAN:																																		
Clabe Number / RFC # (Mexico):																																		
Vendor Information:																																		
Vendor Name:																																		
Vendor Remit to Address:																																		
Vendor Address (continued):																																		
Federal Tax ID:																																Τ		
Company Contact Name:																											-							
Email to receive correspondence:																																		
Phone & Fax Number:	(P)															(	F)											Τ		Γ				
ENDOR acknowledges and agrees that a ayments for goods and/or services shall advance. Vendor acknowledges that the uthorized Official Name :	be ame	ende atio	ed a n of	as p f AC	rov H t	rans	d h sac	erei ctior	in. ns t	VE to ∖	ND /en	do	Rw r'sa	ill r acc	notif oun	y S it m	SIEN	1EN cor	/S o npl	ofa yw	ny ith f	pay the	me pro	nt i visi	nstr ons	uct of	ion U.S	cha S. Ia	ang aw.	es a				
													Title:																					
or immediate assistance with invoice/pay Avail	ment s able 24																								veb	site	e at	<u>ww</u>	/w.\$	<u>Sie</u> r	mer	<u>ısA</u>	<u>P.c</u>	<u>om</u> .

<sup>1</sup> This form is intended for vendors only. SIEMENS employees should check with their accounting dept. for the possibility of receiving electronic transfers. Vendors paid via ACH will be paid using various SEC codes (CTX, CCD, CCD+, IAT, etc.). <sup>2</sup>If the entire proceeds of any payment(s) are being forwarded to a financial institution outside of the territorial jurisdiction of the US please check the IAT box on this form so we can properly classify the payment in accordance with NACHA rules. See http://www.nacha.org/IAT\_Industry\_Information/ for more information. <sup>3</sup>This form must be signed by the CFO, Controller or any other officer of the company

GLOBAL SHARED SERVICES NA, 3500 QUADRANGLE BLVD, ORLANDO, FL 32817 - EMAIL: northamerica-eft.gss@siemens.com - PHONE 866-866-4775