



DR TUNG'S PRODUCTS, INC.

P.O. Box 667
Kaneohe, HI 96744
300 960 7144 ext 103
email: ap@drtung.com

VENDOR ACH ENROLLMENT & AUTHORIZATION FORM

Please complete and sign this form, and return electronically to **ap@drtung.com**
Please include proof of banking details (as listed below) with submission of this form.

PAYEE INFORMATION	
Company Name:	
Company Address (per bank records):	City: _____ State: _____ Zip: _____
Remittance Address:	City: _____ State: _____ Zip: _____
Accounts Receivable Contact Name:	
Accounts Receivable email (required):	
Telephone #:	
Federal Tax ID#:	

BANK INFORMATION	
Bank Name:	
Branch:	City: _____ State: _____ Zip: _____
Routing# / ABA# (9-digits)	
Account Number:	
Account Name (if different to Company Name):	
Type of Account:	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>
Please indicate which supporting document is included:	<input type="checkbox"/> Copy of VOIDED check <input type="checkbox"/> Banking information on a company letterhead, signed by authorized signatory <input type="checkbox"/> An invoice reflecting your bank details

I certify that I am an authorized signatory and that we hereby guarantee that the above information is true and correct. We authorize DrTung's Products, Inc. to initiate ACH deposits to our account at the depository financial institution named above. We acknowledge that this authority will remain in full force and effect until DrTung's Products, Inc. has received written notification to change or cancel this instruction, in such a manner to afford DrTung's Products, Inc. and the financial institution a reasonable opportunity to implement the change or cancellation. We further acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law.

Signature of Authorized Signatory:	Print name:	Title:	Date: