



## VENDOR ACH PAYMENT AUTHORIZATION

PLP prefers to pay its vendors via ACH/EFT, which is a secure electronic funds transfer, that eliminates the possibility of check fraud. ACH/EFT also allows our vendors to be paid timelier than with traditional checks. ACH payments are processed **weekly**. Due to ACH/EFT being a quicker, more secure form of payment, PLP will be reducing check payments to **once per month** beginning February 2, 2024, with the intention to fully phase out check payments at a later date. As of February 2, 2024, check payments will be processed only on the first Friday of each month and could delay the timeliness of payments. As a result, we strongly encourage you to change the form of payment to ACH/EFT. We will communicate any further changes to PLP's payment strategy as it occurs.

\_\_\_\_ Check here if you choose to **NOT** be paid ACH/EFT and want to be paid by check. This confirms your understanding that an invoice with a due date after the first Friday of the month will not be paid until the following month.

Please complete this form and email it to PLP's AP department at the following email address: [preformedAP@preformed.com](mailto:preformedAP@preformed.com). All inquiries, invoices, etc., should also be emailed to this address and should be updated in your system. All information provided to PLP is treated with strict confidentiality. For direct contact, Accounts Payable can be reached at 440-473-9254.

NACHA format CTX will be utilized.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Remittance Email Address \_\_\_\_\_

Financial Institution Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Routing/Transit No. \_\_\_\_\_ Account No. \_\_\_\_\_

I hereby authorize PLP to initiate electronic deposits of funds to the identified account itemized above. In the event a deposit is made to this account in error, I further authorize PLP to initiate reversing entries in accordance with ACH rules.

This authorization and direction will be in effect until PLP is notified in writing of any change. ACH deposit will begin once the above information has been verified.

I certify that the above information is complete and accurate, and that I have the authority to grant this transfer authorization.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_ Phone No. \_\_\_\_\_

PLP.COM