16204 North Florida Avenue
Lutz, FL 33549
(813) 449-4082

ACH Authorization Agreement (Direct Deposit)
Email completed form to **finance@parinc.com**

RECIPIENT INFORMATION – ALL FIELDS ARE REQUIRED

Recipient Name:

Recipient Address:

City: State: Zip: Telephone:

Email 1 address for remittance advice:

Email 2 address for remittance advice (OPTIONAL):

BANKING INFORMATION – (Attach or Scan Voided Check or Bank Letter)

Bank Name:

Bank City/State:

Routing Number (9 digits):

Account Number:

Account Type: ☐ Checking ☐ Savings

AUTHORIZATION

Signature:

Print Name: Title:

Date: Direct Phone Number:

INTERNAL USE ONLY

Vendor Number: Contact Card ID: Entry Date:

Previously entered payables updated? ☐ Yes ☐ N/A

*I hereby authorize Psychological Assessment Resources, Inc. (PAR, Inc.) to make electronic payments via ACH to my bank account. In the event that the ACH is unable to go through (e.g., due to closure or abandonment of an account or inaccurate account information), PAR, Inc. will resume making payments to me with a printed check. I understand I will continue to receive a check while the ACH request is processed, which may take up to 30 days. This authorization is to remain in place until PAR, Inc. has received written notice to terminate or change this authorization. Please return form by e-mail to finance@parinc.com.