

**Authorized Signer Title** 

## Meeting Professionals International – 2711 LBJ FREEWAY, STE 600 – DALLAS, TX -75009

## **Automatic Deposit (ACH) Request Form**

In order to pay your invoices through the Automated Clearing House (ACH), MPI's accounts payable department requires the following information to be completed.

MPI also requests a copy or original voided check to be attached to this request. If a voided check cannot be provided, a letter from your bank stating your banking details should be attached to this request.

Vendor Name	Street Address	City	St	Zip
Contact Name	Contact Number Email		Tax ID	
	- detaile.			
Email address for remittance  OMESTIC BANKING I				
Bank Name	Bank Street Address	City	St	Zip
Bank Account Name	Account Number	ACH Routing Number		
			Check	ing 🛮
			Savin	gs 🛭
Bank Contact Name and Nu	mber:			
nds into my account, I autho mount credited. This author	ss units to credit my account with the d rize them to initiate the necessary corr rization will remain in effect until Mo authorized company representative	ecting entries, not to eeting Professionals	exceed the to Internation	otal of the orig al has receiv
LEASE NOTE: THIS FORM WILL NOT	BE PROCESSED WITHOUT THE SIGNATURE AND	TELEPHONE NUMBER OF	THE AUTHORIZ	ED SIGNER BELO
Authorized Signer – Print	A 4.1	uthorized Signature		

If you have any questions, please contact MPI AP finance department via email at <a href="mailto:payables@mpiweb.org">payables@mpiweb.org</a> .

**Phone Number** 

**Date**