



Studio ORD Authorization for Direct Deposit of Vendor Payments

I authorize Studio ORD to credit my account with the depository information listed below. This authorization will remain in effect until StudioORD has received written notification from an authorized company representative that it is to be terminated in such time and manner for Studio ORD to act on it.

Vendor Name: _____

Address: _____

Telephone: _____

Printed Name of Company Representative:

Signature of Company Representative:

Date of Signature: _____

ABA Routing Number: _____

Account Number: _____

Swift Code or IBAN (if necessary): _____

Transit Number (if necessary): _____

Name of Bank: _____

E-mail address for payment notifications: _____

Please attach a voided check or bank letter confirming the account to which you would like our payments deposited. Return this completed form and voided check or bank letter via email to: consultants@studioord.com.