



ACH Vendor Payment Authorization Agreement

Please Select One: New Change Cancel

I authorize Central Pacific Bank to deposit invoice payments directly to the account at the financial institution indicated below. In the event that funds are erroneously deposited into said account, I authorize Central Pacific Bank and the financial institution to initiate the necessary transaction(s) to correct the error. This authorization will remain in effect until Central Pacific Bank receives written notice of cancellation from me and Central Pacific Bank has reasonable time to act upon it.

Vendor/Payee Information

Name of Vendor/Payee

Vendor Address	City	State	Zip
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Email Address for Remittance Notification	Telephone Number
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Authorized Name 1 (printed)	Authorized Title 1
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Authorized Signature 1	Date
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Authorized Name 2 (printed)	Authorized Title 2
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Authorized Signature 2	Date
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Banking Information

Financial Institution Name	Financial Institution Address
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Routing Number	Checking Account Number
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CPB Use Only

Vendor ID #	Date Received:	AP Input:	AP Approval:
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Please submit a voided check, drawn on the account listed above, or a letter from your financial institution certifying the above account, with this form to Central Pacific Bank, Attn: Accounts Payable, P O Box 3590, Honolulu, HI 96811-3590.