

Automated Clearing House (ACH) Authorization Agreement

ALL information is required. Incomplete forms will delay processing.

Part I: Reason For Submission

NEW ACH Authorization REVISION to Bank Account information

Since your last ACH Authorization Agreement Submission, have you had a:

CHANGE of Ownership, And/Or CHANGE of Location

If you checked either a change of ownership or change of location above, please contact your Essilor Business Contact to get your information officially changed. Do not submit this form until Supplier is notified by Essilor that the update is completed.

Part II: Supplier Information

Supplier Legal Business Name		Supplier Number (if known)
Supplier's Street Address/Remittance Location		
City	State	ZIP Code
Supplier Contact Name	Telephone	Fax
IRS Tax Identification Number (EIN or SSN)	Supplier Remittance Email Address (Required - Provide Only One)	
ACH payments are processed via the NACHA CTX file format. If financial institution is unable to provide supplier payment details via the CTX file, then supplier MUST provide an email address to receive the payment information.		

Part III: Financial Institution Information

Does the bank account information apply to ALL Supplier Remittance locations? Yes No (If No, a separate ACH form is required for EACH location/bank account.)

IMPORTANT: Required Financial Institution documents are either a Voided Check or a Bank Letter confirming the account information. The documentation should contain: the supplier name as it appears on the bank account, electronic routing transit number and bank account number for verification. *Processing of the ACH payment will be delayed without this information.*

Part IV: Authorization

By signing below, I hereby authorize Essilor to initiate credit entries and initiate adjustments for any duplicate or erroneous entries made to the financial institution/bank account indicated. I further authorize the financial institution/bank named to credit and/or debit the same to such account.

If payment is being made to an account controlled by a Corporate Office, the Supplier hereby acknowledges that payment to the Corporate Office under these circumstances is still considered payment to the Supplier, and the Supplier authorizes the forwarding of Essilor payments to the Corporate Office.

This Authorization Agreement is effective as of the signature date below and is to remain in full force and effect until Essilor has received written notification from Supplier of its termination in such time and such manner as to afford Essilor and the Financial Institution a reasonable opportunity to act on it. Essilor will continue to send the direct deposit to the Financial Institution indicated until notified by Supplier that Supplier wishes to change the Financial Institution receiving the direct deposit. If Financial Institution information changes, Supplier agrees to submit to Essilor an updated ACH Authorization Agreement.

Signature

Authorized/Delegated Official Name (Print)	Authorized/Delegated Official Title
Authorized/Delegated Official Signature (Note: Must be original signature in black or blue ink.)	Date

Return this form *and* bank information via one of the following - Email: APSupplierSetup@EssilorUSA.com or

Mail: Essilor Of America – Accounts Payable, 13515 N. Stemmons Fwy, Dallas, TX 75234

Questions: Contact Finance Customer Care at 1-888-816-8606

***** DO NOT submit this form with your invoices or statements *****