



NATIONAL INSTITUTE OF AEROSPACE ASSOCIATES

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: () _____

E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: () _____

Name on Account: _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Vendor's Authorization:

Please sign below to confirm that you are authorizing NIA to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

()

Phone Number

Date

***Additional Verification:** Previous Bank Account # (if applicable): _____

Please submit the completed form via email to **National Institute of Aerospace:**
accounts.payable@nianet.org or fax (757) 325-6701.