



ACH Vendor Enrollment Form

(Vendor must have a US bank account, paid in USD to participate in ACH)

This authorization form will remain in effect until either canceled in writing or an updated form is sent to:

Warner Bros. Entertainment Inc.
4000 Warner Blvd
Accounts Payable
Bldg 156, 3rd Floor
Burbank, CA 91522
Telephone (818) 954-2818
Fax: (818) 954-3610

This form is used by Warner Bros. Entertainment Inc. (WBEI) to collect vendor's financial information for purposes of transmitting payments via Automated Clearing House (ACH).

Information provided by vendor will be used by WBEI to transmit payment data by electronic means to vendor's financial institution. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

Payee/Vendor Name _____
Address _____
City, State, Zip _____
E-mail address: _____
(Email address where remittance advice should be sent)

Contact Name: _____ **Phone ()** _____
Bank Name: _____

Bank Address: _____

Bank Routing Number (9 digits ABA#): _____
(Use the routing number from a check, NOT from a deposit slip.)

Bank Account Number: _____
Name as it appears on the account: _____

Type of account: ___ **Checking** ___ **Savings**

Fax this completed form to (818) 954-3610 along with a voided check to initiate the ACH processing. Voided check is used for verification of account/bank routing numbers only. You will be established as an ACH vendor and payments will be made via ACH upon completion of the bank verification process. WBEI will email payment information in lieu of a mailed remittance advice. The email will include total payment amount with the individual invoices listed.

I am authorized to commit the vendor identified above. On behalf of the vendor identified above, I the undersigned authorize WBEI to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account.

This authorization will remain in force until WBEI receives written notice of cancellation from me or another authorized office of vendor. I acknowledge that the origination of ACH transactions to my account are accurate and comply with the provisions of the U.S. law.

Name: _____
Title: _____
Signature: _____ **Date:** _____