

Non-Repetitive Wire/ACH Authorization Form

One Time – Wire/ACH Set Up

1. Attach approved invoice/contract and supporting documentation to this form.
2. Attach explanation of why this payment cannot be paid by check.
3. Vendor documents/wiring instructions

Explain the Purpose of the Wire/ACH

Amerisource Bergen vendor requires either payment upfront or ACH for payment.

Amount of wire/ACH \$ Varies upon order size

Accounts Payable

Date

Director Approval One-Time Wire/ACH Transfers

- Wire instructions verification (please check)
- Confirmed no other payment options with vendor (please check)

Director of Finance or Hospital CFO

Date

Wire Originator Signature
(Board Member/City Originator)

Date

Repetitive Wire/ACH Authorization Form

(Reoccurring wires/ACHs need to be approved at initiation or at any time a change/alteration is made to the initially approved wire/ACH)

Initial

Revised

Repetitive Wire/ACH Set Up

The following items have been included in the request:

1. Attach approved invoice/contract and supporting documentation to this form.
2. Attach explanation of why this payment cannot be paid by check.
3. Vendor documents/wiring instructions

Explain the Purpose of the Wire/ACH Change

Reoccurring Amount of wire/ACH \$ _____

Accounts Payable

Date

Director Approval Repetitive Wire/ACH Transfers

Wire instructions verification with vendor (please check)

Confirmed no other payment options with vendor (please check)

Director of Finance or Hospital CFO

Date

**Wire Originator Signature
(Board Member/City Originator)**

Date