**Kentucky Hospital Research and Education Foundation, Inc.**

**Vendor ACH/Direct Deposit Enrollment Form**

Kentucky Hospital Research and Education Foundation, Inc. (“KHREF”) offers the option of receiving payments via ACH to our vendors. Payments will be electronically deposited into your company’s designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Please be sure you provide the specific information your bank requires in order to receive payments on your behalf via ACH. *(Note that this likely will not be the same information for receiving payment via wire transfer, which KHREF is not offering in this enrollment.)*

**Please e-mail completed & signed form to:**

Brent Wates at bwates@kyha.com

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| **Company & Remittance Contact Information** |
| Company Name: |
| Company Address: |
| City, State & Zip: |
| Contact Name: |
| Contact Telephone: |
| E-mail Address: |

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| **Bank Information - ACH** |
| Bank Name: |
| Branch Name: |
| Bank Address: |
| Bank City, State & Zip |
| Account Name: |
| Account Number: |
| **ACH** Routing Number: |

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| **Authorization** |
| *I certify that the above information is true and correct, and that as a representative for the above named company, I hereby authorize Kentucky Hospital Research and Education Foundation, Inc. to electronically deposit payments to the designated bank account. This authority remains in force until Kentucky Hospital Research and Education Foundation, Inc., Accounts Payable Department, receives written notification requesting a change or cancellation.* |
| Printed Name: | Title: |
| Signature: | Date: |