

***Indicates a required field**

I/We hereby authorize that all future payments be made via Electronic Funds Transfer as per the following bank details.

***We require you to attach a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead for account verification.**

Note: The instructions for the fields are provided on page 2.

Vendor Identification	<p>*Last 4 Digits of EIN, SSN, or ITIN <input type="text"/></p> <p>*Vendor Name <input type="text"/></p> <p>*Street Address <input type="text"/></p> <p>*City <input type="text"/> *State <input type="text"/> *Zip Code <input type="text"/> *Country <input type="text"/></p> <p>*Contact Name <input type="text"/> *Contact Title <input type="text"/></p> <p>*Email Address <input type="text"/> *Phone Number <input type="text"/></p>
New Financial Information	<p>*Account Type <input type="text"/></p> <p>*Bank Name <input type="text"/></p> <p>*Bank Address <input type="text"/> *Country <input type="text"/></p> <p>*Name on Account <input type="text"/></p> <p>*Account No <input type="text"/></p> <p>*ACH Routing No (found on Check) <input type="text"/></p>
Prior Financial Information (only required for updates)	<p>*Account Type <input type="text"/></p> <p>*Bank Name <input type="text"/></p> <p>*Bank Address <input type="text"/> *Country <input type="text"/></p> <p>*Name on Account <input type="text"/></p> <p>*Old Account No <input type="text"/></p> <p>*Old ACH Routing No (found on Check) <input type="text"/></p>
Certification	<p style="text-align: center;">Conditions of this agreement:</p> <p>-I/We will be responsible for notifying New Venture Fund in writing of any changes in the above particulars. Until receipt of such notifications, New Venture Fund shall process all payments in accordance with the above particulars.</p> <p>-I/We warrant that the bank account details so provided are not false and comply with all applicable laws.</p> <p>-New Venture Fund has the right to accept the authority of the undersigned as conclusive evidence of that persons authority to execute this agreement on behalf of the supplier. New Venture Fund is under no obligation to verify the authority of the undersigned on the New Financial Information details.</p> <p>-I/We acknowledge that it is not practicable for New Venture Fund to keep banking details confidential, to the extent that these will be available to New Venture Fund staff in carrying out their normal duties in paying creditor accounts.</p> <p>-New Venture Fund will not be responsible for any delays in the payment or errors due to factors outside the reasonable control of New Venture Fund (including but not limited to delays and errors in the banking system).</p> <p>-New Venture Fund reserves the right at any time to terminate or suspend this direct credit payment method and to pay by check or any other manner which New Venture Fund may determine.</p> <p>OPTIONAL: If I/We is eligible to receive a Form 1099 I/We consent to receive it by electronic means only. A paper copy will not be provided. By marking the checkbox, and providing a handwritten, or electronic signature through an e-signature platform with time stamp/verification below, I/We authorize electronic Form 1099 release.</p> <p>Printed Name: <input type="text"/> Date: <input type="text"/></p> <p>Signature: <input type="text"/></p> <p>Personal Information Protection Statement: Personal information we collect from you on this Electronic Funds Transfer Form will be used by New Venture Fund and Arabella Advisors staff for the purpose of making payments to you for grants, loans, invoices or other payments as may be necessary from time to time. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of New Venture Fund and/or Arabella Advisors. Your basic personal information will only be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.</p>

DETAILED INSTRUCTIONS

* Indicates a required field

*Check the appropriate box at the top of the form

New Add Request	Vendor would like to begin receiving payments electronically
Change/Update Existing Account	Vendor's account number or routing number has changed
Inactivate Existing Account	Vendor no longer wants to receive payments electronically

Vendor Identification

*Last 4 Digits of EIN, SSN, or ITIN	Last 4 digits of the vendor's Employer Identification Number, Social Security Number, or Individual Taxpayer Identification Number
*Vendor Name	Name of the person or business receiving payment. This should match the legal name or dba name provided on the vendor's tax form.
*Street Address	Vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent. Include House/Suite/Apt number or other identifying information.
*City, State, Zip Code, Country	Vendor's City, State/Province, Zip Code, Country
*Contact Name	Name of person to be contacted regarding the data provided on this form
*Contact Title	Title of person to be contacted regarding the data provided on this form
*Email Address	Email where contact would like to receive correspondence regarding this form
*Phone Number	Phone number where contact can be reached to answer questions about this form

New Financial Information – Enter the vendor's current financial information

*Account Type	Select the appropriate bank account type from the drop-down list
*Bank Name	Name of the financial institution
*Bank Address	Address of the financial institution
*Country	Country of the financial institution
*Name on Account	The account owner's name. This should match the Vendor Name, and the legal name or dba name provided on the vendor's tax form.
*Account No	Bank account number where the funds should be deposited
*ACH Routing No	9-digit number identifying the financial institution

Prior Financial Information – This section is only required if the vendor's bank account has changed.

*Account Type	Select the appropriate bank account type from the drop-down list
*Bank Name	Name of the financial institution
*Bank Address	Address of the financial institution
*Country	Country of the financial institution
*Name on Account	The account owner's name. This should match the Vendor Name, and the legal name or dba name provided on the vendor's tax form.
*Old Account No	Bank account number where the funds should be deposited.
*Old ACH Routing No	9-digit number identifying the financial institution

Certification - Review all the payment agreement conditions located above the signature area. If you're a Form 1099 eligible vendor, and wish to receive your Form 1099 electronically, mark the optional checkbox, and provide a handwritten, or electronic signature through an e-signature platform with time stamp/verification to authorize electronic Form 1099 release.