

EFT Enrollment Form

Complete this form to receive electronic payments from Syntactx This form MUST be signed below by preparer to be valid

| | | i ne sigi | ieu below i | by prepare | | e vallu | | | | |
|---|----------------|-----------|-------------|----------------|---------|---------|---|--|--|--|
| Payee (Company Name or Individual Name): | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City, State, and Zip: | | | | | | | | | | |
| Contact Name: | | | | | | | | | | |
| Contact Phone: | | | | | | | | | | |
| Remit Address (required) Remit address will be used for overnight payments & any necessary communications regarding your account. | | | | | | | | | | |
| Same as above address | YES | | | | | | | | | |
| Remit Address (city,state,zip) if different than the address above | | | | | | | | | | |
| Additional Information | | | | | | | | | | |
| To receive a payment remittance advice via email from Syntactx when electronic payment is made, please provide an e- mail address (*One email allowed. See information about distribution or group emails below). | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
| Tax ID No. or VAT Reg No. (VAT Reg No is required for Europe ven | dor) | | | | | | | | | |
| D & B No.: | | | | | | | | | | |
| Fill out either A or B below (at least one is required) | | | | | | | | | | |
| A) Financial Institution Information **For payments to banks in the US | | | | | | | | | | |
| 9-Digit Routing Transit Number: | | | | | | | | | | |
| Account Number: | | | | · | | | | | | |
| Account Name: | | | | | | | | | | |
| Type of Account | Checking S | avings | Bank Name: | | | | | | | |
| B) Financial Institut | on Informatior | n ***For | payments | to banks o | utside | the U | S | | | |
| SWIFT Code (required): | | | | Bank/Branc | h code: | | | | | |
| Account Number (required) | : | | | IBAN or CLABE: | | | | | | |
| Account Name: | | | | | | | | | | |
| Type of Account | Checking S | avings | Bank Name: | | | | | | | |
| Bank Street Address: | | | | | | | | | | |
| City/Postal Code/Country | | | | | | | | | | |
| I authorize the above data be used for payments from Syntactx (Signature REQUIRED) | | | | | | | | | | |
| Date: (month/day/year) | Authorized S | Signatur | nature: | | | 9: | | | | |
| *Distribution lists or group email accounts are recommended for remittance advices for companies. This allows multiple individuals to be notified upon payment and when individuals leave their jobs Syntactx does not need to be notified. | | | | | | | | | | |
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**For vendors/payees located in the US, payment is made via ACH in CTX format. Please contact your bank to ensure that they accept ACH payments in the CTX format.

(CTX: Remittance advice and payment are sent electronically to your company's bank. You then coordinate with your banking institution on how to receive notification and remittance advice from them).

*** For vendors/payees located outside the US, payment is made via Wire. Return the completed form to your Syntactx contact.

Revision 10/14/2021