



Center for Organ Recovery & Education

A Pledge for Life

204 Sigma Drive • RIDC Park
Pittsburgh, PA 15238
800-DONORS-7 or (412) 963-3550
Fax: (412) 963-3564
www.core.org

Vendor ACH Enrollment Form

Center for Organ Recovery and Education is in the process of offering the option of receiving payments via Electronic Funds Transfer (EFT) 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 by email.

If you have any questions about our Vendor ACH payments program, please feel free to contact our Controller at kjackson@core.org.

INSTRUCTIONS:

Please email the completed form along with a **VOIDED CHECK** to:

EMAIL: kjackson@core.org

MAIL: Center for Organ Recovery and Education
Attention: Kim Jackson, Controller
204 sigma Drive, RIDC Park
Pittsburgh, PA 15238

***** A voided check or bank confirmation letter is required to process this form. *****

MISSION: To *Save* and *Heal* lives through donation.

VISION: All potential donors will make *A Pledge for Life*.

VALUES: Compassion ♥ Education ♥ Innovation ♥ Integrity ♥ Life ♥ Quality ♥ Respect ♥ Responsiveness



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Vendor ACH Enrollment Form

The Vendor ACH Enrollment Form is for vendors with a valid U.S. bank account only. You must check with your financial institution to confirm funds have been deposited. Information on this form is subject to additional verification. Please complete all fields legibly.

VENDOR INFORMATION (Remit Address)

New Request Change Request

VENDOR NAME		TAXPAYER ID (Required)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)	ACCOUNT NUMBER	
ACCOUNT TYPE:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	

I certify I am responsible for notifying any changes to the information provided above to Center for Organ Recovery and Education. I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize Center for Organ Recovery and Education to electronically deposit payments to the designated bank account.

Authorization:

Authorized Official Name	Signature	Title	Date

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