



PAYMENT INFORMATION FORM

Vendor/Payee/Company Information

Business/ Individual Name	
EIN or SSN	
Preferred Mailing Address	
City/State/ZIP Code/Country	
Name of Contact Person	
Email Address for Contact Person	
Phone Number for Contact Person	

If requesting a check as form of payment proceed to signature section. (Please allow an additional 3-5 days if choosing check).

If choosing electronic payment, please provide the following information for the depository account named below.

Bank Financial Institution Name	
Branch Address	
Business/Individual Bank Account Name	
Bank Routing/ABA # (ACH) – (9 Digits)	
Business/Individual Bank Account Number	
Please indicate the type of account (Checking or Savings)	

I hereby authorize Latino Economic Development Center (LEDC) to deposit any specific payment to my business or individual account with the bank named above. This authorization is to remain in full force and effect until LEDC has received written notification from me of its termination in such time and in such manner as to afford LEDC and/or the Bank a reasonable opportunity to act on it.

If funds to which I am not entitled to are deposited to my account, I (we) authorize the LEDC to direct the financial institution to return said funds.

TERMS AND CONDITIONS OF THE FOREGOING COMMITMENT ARE UNDERSTOOD AND ACCEPTED BY THE UNDERSIGNED.

Print Name: _____

Signature: _____

Date: _____

LENDER:

Latino Economic Development Center

Marla Bilonick

Executive Director and CEO, Latino Economic Development Corporation of Washington D.C.

