



Return form to [sblanton@bropac.com](mailto:sblanton@bropac.com) or 864-487-3210

**BROWN PACKING CO., INC.**  
P.O. BOX 130 • GAFFNEY, SOUTH CAROLINA 29342

## ACH (Automated Clearing House) Payment Request Form

Date: \_\_\_\_\_

### General Information

BPC Vendor Number: \_\_\_\_\_ Federal ID Number/SSN: \_\_\_\_\_

Vendor Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Vendor Payment Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Routing/ABA number: \_\_\_\_\_

Account number: \_\_\_\_\_

Company ID: \_\_\_\_\_

### Remittance Advice Information *(list of invoices to apply ACH payment to)*

Email address: \_\_\_\_\_

### Authorization

I authorize Brown Packing Co., Inc. to initiate ACH Entries to our bank account indicated above.

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Should you have an ACH Block feature, you will need to allow transactions from our account:**

Bank: Bank of America

Account Name: Brown Packing Co., Inc. Operating Account

Company ID: 1570289483