



Electronic Payment Authorization Form

Please complete, sign and return with a **voided check** to US-FIN-BillPay@koerber-supplychain.com.

Please Select One: New Authorization Changes to Existing Authorization

If this is a change to an existing authorization, please list last four digits of old bank account number: _____

Date: _____

Körber/Carrier's Mutual Client: _____

Payee Entity Legal Name: _____

Payee Legal/Headquarters Street Address: _____

Payee City, State, Zip and Country: _____

Payee Contact Email Address (A/R preferred): _____

Remittance Email Address (if different from above): _____

Payee Phone (A/R preferred): _____

Are credit cards accepted as a method of payment for invoices (USD ONLY)? **YES** **NO**

If credit cards are accepted, are there fees for processing? **YES** Fee Amount: _____ **NO**

Can payments be emailed? **YES** **NO** Email address for payment: _____

Other notes for payment if payments can not be sent via Email: _____

In accordance with fraud-prevention policies, no electronic payments will be initiated until we are able to verbally confirm the banking information through a phone call verification. Sending a copy of a voided check will not create an exemption from the verbal verification but will help to speed up the verification process.

Company authorizes Körber to initiate electronic payments to the Payee on behalf of Körber's client into the bank indicated below and the bank name below:

Payee Financial Institution: _____

Payee Financial Institution Country: _____

Payee Currency: USD CAD EUR GBP OTHER (please list) _____

For USD Payments:

Payee Bank Account #: _____

Payee Routing #: _____

Payee Bank SWIFT/BIC (if applicable): _____

See next page for other currencies

For CAD Payments:

Payee Bank Account #: _____
Payee Canadian Routing Number: _____ Payee Bank #: _____ Payee Transit #: _____
Payee Bank SWIFT/BIC (if applicable): _____

For EUR Payments:

Payee IBAN: _____
Payee Bank SWIFT/BIC: _____

For GBP Payments:

Payee Bank Account #: _____
Payee IBAN: _____
Payee British Sort Code: _____
Payee Bank SWIFT/BIC: _____

For Other Currencies:

Payee Bank Account #: _____
Payee IBAN: _____
Payee Bank SWIFT/BIC (if applicable): _____

This authority is to remain in full force and effect until Körber has received notification of termination in such a time and in such a manner to afford Körber and Bank a reasonable opportunity to act on it. Any changes to this payment authorization form must be emailed to US-FIN-BillPay@koerber-supplychain.com and shall require up to ten (10) business days from the date of Körber's receipt of such email to become effective. If Payee receives payments that are not authorized by Körber's client, the Payee agrees to promptly reimburse such amounts to Körber. By signing below, Payee consents to the above terms:

Payee Signature Title Date

Payee Printed Name