



Electronic Payment Authorization Form

The purpose of this form is to authorize invoice payments via ACH or EDI.

Vendor Information

FEIN / Tax ID or SS# if sole proprietor: _____ Vendor Acct No. _____

Company Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Contact at TDS or U.S. Cellular: Name: _____ Phone #: _____

Company's Banking Information

Call your financial institution to confirm the information below is accurate for ACH credits to your bank account.

*Companies authorized to pay you via ACH:

U.S. Cellular TDS Telecom Telephone and Data Systems OneNeck

Bank Name: _____

Account Name: _____

Bank Contact: _____ Phone #: _____

ACH Routing: _____ (9 digits)

Account Number: _____ Account Type: Checking Savings

Company Contact Information

1st Contact: _____ Phone: _____ Email: _____

2nd Contact: _____ Phone: _____ Email: _____

Remittance Information (select one)

By EDI (CTX) By Email By Fax: By Mail (to address above)

Email: _____ Fax #: _____

EDI (CTX) Technical Contact: _____ Phone: _____

Vendor Authorization

The person signing this form must be an authorized account signer for bank account listed above.

Signature: _____ Date: _____

Name / Title: _____ Phone #: _____

(Please Print)

***Telephone and Data Systems, U.S. Cellular, TDS Telecom, and OneNeck IT Solutions are separate legal entities and are not responsible for any losses due to incorrect data.**