



SAVKAT INC
71 Dolphin Rd
Bristol, CT 06010

ACH REQUEST FORM

Vendor Name:

Address:

City

State:

Zip:

Email:

Phone:

Bank Name:

Bank Address

City:

State:

Zip:

ABA Routing:

Account Number:

Account Type

Checking Savings

Vendor's Authorization

Please sign below to confirm that you are authorizing SAVKAT INC to begin transferring payments for your sales commissions to the account mentioned above.

Signature

Phone

Date

Please sign and return this document to accounting@savkat.com

For questions, contact SAVKAT Accounting: 860-288-7557