



Vendor Direct Deposit Payment Enrollment Form

Signing up for direct deposit payments is intended to make payments easier, more secure and more inexpensive to process for both you and Next Stage Press. Effective immediately, if you would like to receive payments with this method, the following information will be required by us in order to process future payments. You may choose to continue to receive paper checks, however, processing times are likely to be extended, mailing times may not be reliable and, therefore, timely receipt may not always be expected in all cases for every payment.

PLEASE PRINT CLEARLY. All information on this form is subject to additional verification.

<input type="radio"/> New Request <input type="radio"/> Change Request	
PAYEE/ VENDOR/ COMPANY INFORMATION	
Name:	
Address:	City/ State/ Zip:
Contact Name:	Contact Telephone:
Contact Email: (required to receive direct deposit payments)	
FINANCIAL INSTITUTION INFORMATION	
Bank Name:	Account Name:
Address:	City/ State/ Zip:
Routing Number (9 digits):	Account Number:
Account Type: (choose one) <input type="radio"/> Checking <input type="radio"/> Savings	
CERTIFICATION:	
I certify I am responsible for notifying of any changes to the information provided above to Next Stage Press. I certify that I agree that it is my responsibility to confirm that funds have been appropriately received by my financial institution. I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via Direct Deposit.	
I certify that the information provided on this form is true and correct, and that I, as an authorized representative for the above-named company, hereby authorize Next Stage Press to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by Next Stage Press. Next Stage Press reserves the right to cancel or suspend this authorization at any time.	
AUTHORIZATION:	
Payee Name:	Authorized Signature:
Title:	Date:

Mail or email this form with a voided check or bank confirmation letter (REQUIRED) to:

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