Please Write Clearly or Type Information, and complete all required fields.

ì	Penguin				Internal Use Only Vendor No.	
	Random House					
ľ	House		New		Change	
	ACH Authorization A	Agreement and	l Enrollme	ent for Direct Depos	it and Remittance Advice	
	Mail To: Penguin Random Hou	Please complete this form and send with voided check or bank verification letter to the address, fax, or email listed to the left. The bank verification letter must be on bank letterhead and include the following: 1) the ACH				
	Attn: Accounts Payab 400 Hahn Rd					
	Westminster, MD 211	ABA Routing & Transit #, 2) bank name and address, 3) your account name and number, and 4) the bank representative's name and contact				
	Fax to: (410) 386-7339	information. The ABA # on the voided check or bank letter must match the ACH ABA # provided below. If you have any questions or need				
	,		assistance with this form, please call Penguin Random House Accounts Payable Office at 888-RH-PAYME.			
		pher				
	Federal Tax Identification Number or Social Security Number			Type or use black ink to fill out form		
200	Name (as shown on the Bank Account)			* Not required if information is the same as APPROVER below. * Contact Name within company (this should not be a bank)		
	Address			* Contact Telephone No. within company (including area code)		
				* Contact Email at company * Contact Fax# at company		
	City	State	Zip Code	Effective Date, if other than	"as soon as possible":	
	<u> </u>					
5	Name					
	Address			Type of Account Checking Savings		
				"ACH" ABA Routing & Transit Number (9 digits)		
3	City	State	Zip Code	Depositor Account Number		
Ę	Please choose ONE method for receipt of remittance advice:					
Information	None (ACH pmt only) Email (PDF) Email (Excel) Remittance Email Address: (only one address can be used - please create & provide a distribution email address for multiple users)					
ī						
		signing this form, I authorize Penguin Random House LLC to initiate electronic credit entries to the checking or				
savings account at the financial institution indicated above. I understand that payments be made by Penguin Random House LLC to me or the vendor I represent and only to the					nly to the bank account indicated.	
	Any change to the bank account or to a new financial institution will require submission of a new ACH Author and Enrollment Form. Failure to notify Penguin Random House's Accounts Payable Department of an account change will delay payment.					
-	Signature of Authorized Official (company officer, owner, or sole pro			etor)	Signature Date	
	Print or Type Authorized Official's Name Tele			umber (include area code)	Email address	
Ć	Authorized Official's Title (president, (CFO, controller, owr	ner, freelancer,	author, etc.)	Fax number	