



Vendor ACH Enrollment Form

finance@bluejeans.com

Blue Jeans Network
Attn: Accounting Dept.
516 Clyde Ave
Mountain View, CA 94043
Ph.: 1.408.550.2828
Fax: 1.408.550.2829

Instructions: Please complete the fields below, sign, and return the form to Blue Jeans Network.
Forms may be returned via email, fax or standard mail.

Vendor Name: _____

Federal Taxpayer ID: _____

Full Name of Financial Institution: _____

Bank Routing Number: _____

Bank Account Number/IBAN: _____

Bank Address: _____

City, State, Zip Code: _____

Primary Contact Name: _____

Primary Contact Email & Phone: _____

_____, hereinafter called VENDOR, hereby authorize(s) Blue Jeans Network, hereinafter called COMPANY, to initiate debit entries to its Checking Account indicated below at the depository financial institution named below and, if necessary, initiate adjustments for any transactions credited/debited in error.

- 1) VENDOR agrees to confirm identification of the account at the time of the initial entry to such account and to notify COMPANY immediately if an incorrect entry is posted to the account.
- 2) VENDOR acknowledges and agrees that it is bound by, and that the origination of ACH transactions to its account must comply with, applicable provisions of U.S. law, and the National Automated Clearing House Association Operating Rules and Operating Guidelines.

NOTE: Please attach supporting documentation (a copy of a voided check or a bank letter) from your account to validate correct banking details.

Authorized Signature

Date

Accounting Use Only:

Vendor ID: _____

Date Updated: _____

Updated By: _____

Comments: _____