



## ACH Payment Request Form

### Vendor Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA (Routing) Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

### Remittance Advice Method:

Email Address: \_\_\_\_\_

*This authority for ACH payment shall remain in full force and effect until NV Energy receives written notification of your intent to terminate in such time and manner as to afford NV Energy a reasonable opportunity to respond.*

### Signature

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title