

**KIMBALL ELECTRONICS, INC.**  
**Authorization Agreement for ACH CREDIT payments**

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

Employee Name: \_\_\_\_\_

Employee E-Mail Address: \_\_\_\_\_

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

If you provide an email address, an automated email note will be sent to that address the day before monies will be deposited into your bank account. This email note will itemize each invoice paid. This will enable you to know exactly when you will receive payment.

We hereby authorize Kimball Electronics, Inc., hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Company has received written notification of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. We acknowledge that the origination of ACH transaction to our account must comply with the provisions of the U.S. law.

Depository (Bank) Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Routing No. (9 digit number required): \_ \_ \_ \_ \_

Account No. \_\_\_\_\_  
(Must be written exactly as your bank's records indicate - 17 digit maximum)

Please check type of account. Choose one only. Checking \_\_\_ Savings \_\_\_

Notice: Please contact your bank for verification of the correct ABA Routing Number and your account number.

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

Signature: \_\_\_\_\_

Submit this completed form to your Accounts Payable Department.

In the future, contact Kimball Electronics' Accounts Payable Department if you anticipate changes that would affect your ACH payment such as changing banks or account numbers or if you want your expense report reimbursed to a different bank account than where your payroll check is deposited.

<b>FOR A/P USE ONLY:</b>	Vendor Number: _____
Company Number: _____	Payment Method: _____

By: _____	Date entered: ___/___/___
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