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Phoenix, AZ 85054

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ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

☐ Cancel EFT Enrollment

☐ New EFT Enrollment

☐ Change to Current EFT Enrollment
(e.g. account or bank changes)

Since your last EFT authorization agreement submission, have you had a:

☐ Change of Ownership, and/or

☐ Change of Location?

If you checked either a change of ownership or change of location above, you must submit a change of information via a New Vendor Set Up Form. Please contact your Sprouts representative for more information.

PART II: ACCOUNT HOLDER INFORMATION

Vendor/Supplier Legal Business Name

Location Street Address

Location City

State

Zip Code

Tax Identification Number

(Designate SSN or EIN)

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PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

Financial Institution's Street Address

Financial Institution's City

State

Zip Code

Financial Institution's Telephone Number

Financial Institution's Contact Person

Financial Institution Routing Number

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Vendor/Supplier Bank Account Number

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Type of Account (check one)

☐ Checking Account

☐ Savings Account

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

PART IV: CONTACT PERSON

<u>Authorized Representative's Name</u>
<u>Authorized Representative's Title</u>
<u>Authorized Representative's Telephone Number</u>
<u>Authorized Representative's E-mail Address</u>

PART V: AUTHORIZATION

If the account above is drawn on either a personal account or the legal business name of the Vendor/Supplier, Vendor/Supplier certifies that it has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and Vendor/Supplier are in accordance with all applicable federal banking Laws.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until Sprouts Farmers Market has received written notification from Vendor/Supplier or its authorized representative of its termination in such time and such manner as to afford Sprouts Farmers Market and the Financial Institution a reasonable opportunity to act on it. Sprouts Farmers Market will continue to send or withdraw funds to or from the Financial Institution indicated above until notified by Vendor/Supplier or authorized representative that a wish to change the Financial Institution receiving the funds is in place. If the Financial Institution information changes, Vendor/Supplier agrees to promptly submit to Sprouts Farmers Market an updated EFT Authorization Agreement.

SIGNATURE LINE

<u>Authorized/Delegated Official Name (Print)</u>	<u>Authorized/Delegated Official Title</u>
<u>Authorized/Delegated Official Telephone Number</u>	
<u>Authorized/Delegated Official Signature</u>	
<u>Date</u>	

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a minimum 30-day pre-certification period in which all accounts are verified by the qualifying financial institution before any are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, change to your EFT enrollment account information, or cancellation of your EFT enrollment.

PART II: ACCOUNT HOLDER INFORMATION

- Enter the legal business name as it appears on the bank account
- Enter the contact location street address
- Enter the City, State and ZIP Code
- Enter the tax identification number as reported to the IRS. If the business is a corporation, enter the Federal employer identification number, otherwise provide your Social Security Number.

PART III: FINANCIAL INSTITUTION INFORMATION

- Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds). Note: The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Enter the financial institution's street address.
- Enter the financial institution's city or town, state or province, and zip/postal code.
- Enter the bank or financial institutional telephone number and contact person's name.
- Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Enter the bank account number with the financial institution, including applicable leading zeros.

O If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT PERSON

- Enter the name of a contact person who can answer questions about the information submitted on this form.
- Enter the title of a contact person.
- Enter the contact person's telephone number.
- Enter the contact person's e-mail address.

PART V: AUTHORIZATION

By your signature on this form you are certifying that the account is drawn in the legal business name of the person or entity. All arrangements between the Financial Institution and the said person or entity are in accordance with all applicable regulations and instructions with the effective date of the EFT authorization.

The EFT authorization form must be signed and dated by the same Authorized Representative or a Delegated official. Include a telephone number where the Authorized Representative or Delegated Official can be contacted.

Mail, email, or fax this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the address at the top of the form.