



7483 SOUTH MAIN STREET • P.O. BOX 199  
COOPERSBURG, PENNSYLVANIA 18036-0199

TEL (610) 282-3774  
FAX (610) 282-2982  
[www.chernay.com](http://www.chernay.com)

Dear Valued Vendor,

In the ongoing effort to improve our payment processes, Chernay Printing, Inc. is instituting a new payment option. Vendors can now receive payment directly into their business checking or savings account, by electronic funds transfer (EFT) through the Automated Clearing House (ACH) payment system.

The ACH / EFT payment means that in lieu of receiving a check for goods and/or services provided to Chernay Printing, Inc., your company's payment will be sent via electronic transfer and automatically credited to your account at your financial institution. The ACH payment system has proven to be an efficient and cost effective mechanism for making payments, for increasing payment security and for eliminating the 2 to 3 day mail time. In addition, funds are credited and available to the recipient the date of deposit without the need for making a manual deposit.

ACH / EFT offers cost savings to the vendors and to Chernay Printing, Inc. ACH / EFT payments are almost 10 times less expensive to issue than a paper check, and nearly 100 times less than a wire transfer. Also, there are no restrictions on the minimum dollar amount of the payments transmitted through the ACH / EFT network, or the number of invoices each vendor can receive payment for on each ACH / EFT transmittal.

Please complete and submit the ACH enrollment form and submit it via one of the following options:

Fax (610) 282-2982

Mail CHERNAY PRINTING, INC.  
7483 S. Main St., P.O. Box 199  
Coopersburg, PA 18036-0199

Thank you for your business and consideration on this matter.

Sincerely,

Accounts Payable



**Chernay Printing, Inc**  
**ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payment authorization. The Vendor authorizes Chernay Printing to make payments for goods and/or services by ACH to the account at the financial institution below. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY STATEMENT**

This information will be used by Chernay Printing to transmit payment data, by electronic means to vendor's financial institution and will be used for that purpose only. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

<b>PAYEE/COMPANY INFORMATION</b>	
NAME:	SSN NO. OR TAXPAYER ID NO.
ADDRESS:	
ADDRESS:	VENDOR NO. (internal use only)
CONTACT PERSON NAME:	TELEPHONE NUMBER: (        )
EMAIL ADDRESS FOR ADVICE:	

<b>FINANCIAL INSTITUTION INFORMATION</b>	
NAME:	
ADDRESS:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: (        )
NINE-DIGIT ROUTING TRANSIT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING                      SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	DATE:
	TELEPHONE NUMBER: (        )

Vendor acknowledges and agrees that the terms and conditions of all agreements or purchase orders with Chernay concerning the method and timing of payments for goods and/or services shall be amended as provided herein. Vendor will notify Chernay of any payment instruction changes at least 15 days in advance. Vendor acknowledges that the origination of ACH transactions to Vendor's account must comply with the provisions of U.S. law.