

Huntington Direct Deposit Form

Welcome to Huntington's ACH Disbursement Program

As part of our continuing efforts to efficiently process our supplier payments, we have implemented an ACH disbursement program for the payment of supplier invoices. If you are not currently receiving ACH payments, please enroll now.

Why Should You Enroll?

By participating in this program you can eliminate check handling which will save time and give you access to your money more quickly. No more waiting for a mailed check or a deposit to clear! We encourage all of our suppliers to join the ACH disbursement program and enjoy the benefits of a no-hassle payment process.

How Does It Work?

Just complete the enclosed enrollment form and fax it to: Huntington Accounts Payable at 614-480-5315.

Once your application is received, it may take approximately four weeks to become effective. You will be notified via email every time a payment is deposited to your account. The email will include all pertinent invoice payment information for your Accounts Receivable department.

Open a Huntington Account to Receive Faster Payment

A Huntington Accounts Payable (A/P) payment initiated to a non-Huntington bank account requires 48-72 hours processing time pending your payment terms. However, a Huntington A/P payment to a Huntington bank account is deposited the next business day pending your payment terms. If you would like to open a Huntington checking or savings account, please visit your local Huntington Bank or contact us at: 1-800-480-2001.

Questions?

Please feel free to contact the Accounts Payable Dept at accounts.payable@huntington.com:

Thank you for helping us provide you with "Simply The Best" customer service!

HUNTINGTON SUPPLIER ACH ENROLLMENT FORM

To Be Completed by Supplier:

Supplier Name: _____

Current Payment Site Address: _____

Federal Taxpayer ID: (Please attach completed Form W-9)

Account Type: ___Checking or ___Savings

Bank Name: _____

Bank Address: _____

Routing Number: _____ Acct. No. _____

(PLEASE ATTACH A VOIDED CHECK)

Approved By: _____
(Signature) (Date)

Please Print Name: _____

Position Title: _____

Please provide the email addresses of two individuals who should be notified of payments:

By signing above you agree to (i) allow The Huntington National Bank to deposit funds into the account indicated above and (ii) be bound by the Rules of the National Automated Clearing House Association ("NACHA"), as amended from time to time.

To Be Completed by Huntington :

Supplier Number: _____

Date Received: _____

Date Entered: _____

Entered By: _____

Approved By: _____