

## **ATTACHMENT 3 - VENDOR ACH AUTHORIZATION FORM**

Vendor Number		
Vendor Name		
( ) Telephone Number	Fleet I.D.	Federal Tax I.D.
Address		<u> </u>
City	State	Zip Code
	ts from Toyota Motor North Ai	merica
Financial Institution:	<u>,                                    </u>	
		( )
Name		Telephone Number
Address		
		<u> </u>
City	State	ZipCode
Required: Checking Accoun	t Info:	
Account	: Number	Routing Number (ABA)
Please Identify the Purpose o	fthisApplication: Add	Change
Optional : Please Attach a V		Change
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I hereby authorize Toyota Motor North America on behalf of the applicable Toyota Entity; to take the actions indicated below:

I authorize Toyota Motor North America ("TMNA"), on behalf of the applicable Toyota Entity to deposit payments into the above-designated account via ACH electronic funds transfer. This authorization will remain in effect until thirty (30) days after TMNA Accounts Payable receives written authorization of a change or cancellation. Should an incorrect amount be deposited to this bank account in error, I authorize TMNA, on behalf of the applicable Toyota Entity, to have the

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money withdrawn from the account and a new amount issued in its place. Should such a withdrawal from the account not be possible, I will promptly reimburse TMNA, on behalf of the applicable Toyota Entity, for any such overpayment. Further, I will object to any misstatements in the Statement of Electronic Funds Transferred within 30 days of the receipt of such statement. I understand that authorizing TMNA to take these actions does not change the Toyota Entity responsible for payment of an invoice and, in the event of the nonpayment of any invoice, I shall only have rights against the Toyota Entity to whom the invoice is addressed.

Printed Name	Title
Signature	Date

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