

Supplier EFT Payment Authorization

TO BE COMPLETED BY GP REQUESTOR

Facility Name	Facility Code	Request Date	Requestor Name
Requestor Email		Phone Number	Request Type

TO BE COMPLETED BY AUTHORIZED SUPPLIER REPRESENTATIVE

General Information

Full Legal Company Name - as shown on tax documentation		Federal Tax ID	DBA (optional)
Address Line			
City	State/Province	Postal Code	Country
Phone Number	Fax Number		Email
Invoice Rejection Email:			

Supplier Bank Information

Bank Name	Bank Contact	Bank Phone Number
Bank Address	City, State, Zip	Country

BANKING ACCOUNT INFORMATION APPLICABLE FOR US AND CANADIAN SUPPLIERS ONLY

Account Number	Bank ABA/Routing Number	ABA/Swift Number (Canada only)	
Remittance Advice Method	Email address used for remittance advice		
Finance Contact Name	Finance Contact Email	Finance Contact Phone Number	Finance Contact Fax Number

The Supplier and Georgia-Pacific LLC (and/or any of its subsidiaries) (collectively, "GP") are or may become parties to one or more contracts creating obligations of GP to make payment to Supplier from time to time. Supplier hereby: (i) authorizes GP to satisfy such payment obligations by electronically transferring funds to credit Supplier's account set forth below; (ii) agrees that for the purpose of determining the timeliness of such payments by GP, such payments shall be deemed received by Supplier upon initiation of such EFT by GP; and (iii) agrees that GP's bank account information is confidential and that Supplier will not use or disclose such information except to the extent necessary for payments, and will use commercially reasonable physical and computer security to protect such information.

Supplier grants GP and its affiliates permission to validate the accuracy of the information provided herein, which may include requesting validation from third parties, such as consumer reporting agencies via a consumer report. The undersigned represents, on behalf of the Supplier, (i) that the information provided herein is complete and accurate, (ii) that Supplier understands any information provided herein or that Supplier otherwise discloses to GP may be disclosed to such third parties to validate such information, and (iii) the undersigned is authorized by Supplier to grant the permissions, and make the representations, contained herein.

AS VERIFICATION FOR THE BANK ACCOUNT AND ROUTING NUMBERS, ATTACH A COPY OF A VOIDED CHECK OR BANK LETTER WITH THE ACCOUNT DETAILS TO THIS FORM.

Click to View [Georgia-Pacific Terms & Conditions](#)

Signature of Supplier Representative	Date	Title
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