**Electronic Funds Transfer Agreement**

**ATTACH SIGNED COPY TO COMPLETED SUPPLIER APPLICATION**

The undersigned (“Payee”) authorizes AM/NS Calvert LLC ("Calvert") to make payment for goods and services covered by any purchase order or agreement, now or hereinafter in effect, through electronic fund transfer.

In connection with electronic fund transfers, the Payee agrees as follows:

1. Payee will use reasonable efforts to verify and ensure that the Depository Institution selected by Payee is able to receive electronic fund transfers from Calvert's originating bank directly, or from a correspondent bank or through an automated clearing house or any other electronic payment network designated or approved by Calvert from time to time.
2. Payee may, at least 30 days prior to the effective date of the next electronic fund payment by Calvert, change any portion of the information provided in this document by submitting to Calvert an amended payment authorization in a form acceptable to Calvert. The Payee is responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided to Calvert, included but not limited to return fees charged by Calvert's or the Payee's bank for any returned payments, or the Payee's failure to follow the procedure set forth in this document.
3. The payment terms specified in the applicable purchase order or agreement are modified by adding four calendar days to the time period for payment. For example, for payment terms of "net 60 days", the electronic funds transfer will occur on the 64th day. If the payment date is a non-banking day, the electronic funds transfer will occur the following day on which both Calvert's originating bank and the Payee's Depository Institution are available to transmit and receive electronic funds transfers.
4. Electronic fund transfers will be deemed to have been made when the Payee’s Depository Institution receives or has control of the payment. Any loss of payment following the point at which the Payee's Depository Institution receives or has control of the payment will be borne by the Payee.
5. In the event of duplicate payment, overpayment, fraudulent payment or payment made in error, Payee will promptly cause the return of funds to Calvert at its designated originating bank.
6. In the event that payment has not been received by Payee, Payee shall notify Calvert immediately in writing and Calvert will have a reasonable period in which to make the payment, and until the expiration of that period, Payee agrees that it will not have or pursue any rights or remedies against Calvert for any failure to make payment including, without limitation, actual, incidental, or consequential damages.

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| --- | --- | --- | --- |
| Company Name: | Enter company name | Contact Name: | Enter contact name |
| Remit Address: | Enter remit to address | Phone Number: | Enter phone no. |
| E-Mail Address: | Enter email address of person signing this form |
| E-mail Address\*: | Enter email address for remittance advices | | |
| \*(For receipt of remittance information; this will be the only remittance information Payee will receive) | | | |
|  |  |  |  |

**Beneficiary Bank Information**

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| --- | --- | --- | --- |
| Account Name: | Enter account name | Bank Name: | Enter bank name |
| Account Number: | Enter account no. | Bank Address: | Enter bank address |
| ABA/Routing No: | Enter ABA/Routing No. | Bank Contact: | Enter Bank Contact |
| IBAN: | Enter IBAN | Bank Phone No.: | Enter bank phone no. |
| Swift/UK Sort Code: | Enter Swift Code | | |

**The Payee accepts the terms of this agreement executed on this Choose an item. day of** Choose an item. **,** Choose an item..

|  |  |  |
| --- | --- | --- |
| Payee Authorized Signature: |  | |
| Printed Name: | Enter printed name | Title: Enter title |