## Watts Water Technologies, Inc.

815 Chestnut Street | North Andover, MA 01845

Supplier#:	, 
For internal use only	

## **ACH/Wire Authorization Form**

\*ACH-US Supplier Only \* Wire-International or Canada

my (our) checking/savings accounts at the remain in effect until THE COMPANY is not	(THE COMPANY) to initiate entries to financial institution listed below. This authority will tified by me (us) in writing to cancel it in such time as AL INSTITUTION a reasonable opportunity to act on it.
SUPPLIER'S NAME:	
SUPPLIER'S BANK INFORMATION	
* Name of Financial Institution	
*Address of Financial Institution - Branch,	City, State, & Zip
*Phone number of Financial Institution	
	/
ACH- Routing Number or Wire- Swift code/IBAN number	*Deposit Account Number:
SUPPLIER'S CONTACT INFORMATION AND	O APPROVAL
	/ *email:
*Contact name and email address for rem	ittance advice
	1
*Signature	*Date
*Name - PLEASE PRINT	
*Supplier Address - PLEASE PRINT	

<sup>\*</sup>Must have in order to process request. Request will not be processed without complete information. Must allow two weeks for initial implementation.