

October 2, 2014

Dear Vendor:

In our continuing effort to efficiently and securely process payments, Interface, Inc. has implemented an ACH Program to settle invoices from key vendors. The program allows payments to be made via ACH transfer in lieu of paper checks sent via standard mail. As a result of our existing relationship and the volume of invoices processed, your company is eligible for participation in the program.

By participating in this program your organization will reap the following benefits:

- **Immediate availability of funds** - no waiting for checks to clear or bank-required holding periods
- **Elimination of manual check handling** - no opportunity for checks to be lost or stolen
- **Confirming E-mail** - for program participants to quickly resolve issues, answer questions, and address concerns

I would like to encourage your company to take advantage of the ACH program. The enrollment process is quick, easy, and requires only basic information about your company and your financial institution.

To complete your enrollment, you have two options: attach your banking information, or complete and sign the enclosed authorization form and return it to me for processing via the method most convenient to you. Please email me at [ap@interfaceforce.com](mailto:ap@interfaceforce.com) if you would like to receive a fill-in form in Adobe Acrobat®.

**By Email**

Scan your completed-signed enrollment form and email to: [ap@interfaceforce.com](mailto:ap@interfaceforce.com)

**By Fax**

No cover sheet needed:  
(480) 948-1924

**By Mail**

Interface, Inc.  
Accounts Payable  
7418 E. Helm Dr.  
Scottsdale, AZ 85260

Thank you in advance for considering this valuable program. Please contact me at [ap@interfaceforce.com](mailto:ap@interfaceforce.com) or (480) 948-5555 Ext. 131 with questions about the program.

*Hayk Khandanyan*  
Account Payable Specialist  
Interface, Inc  
480-948-5555 ext 131

INTERFACE, INC.  
ACH AUTHORIZATION FORM



- New Enrollment
- Change Existing

**COMPANY INFORMATION** (all fields required)

VENDOR #

Company Name:
Address:
City, State and Zip:
Contact Person:
Contact Person Number:
*Contact Email:
*Contact Fax Number:
* - Remittance notifications will be sent to the email and/or fax number listed above.

**FINANCIAL INSTITUTION INFORMATION** (all fields required)

Bank Name:
Address:
City, State and Zip:
Phone Number:
ABA/Routing Number:
Account Number:
Account Type:

**Terms and Conditions**

This authorization will remain in effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination. Interface, Inc. will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on the ACH Authorization Form. Only an authorized representative of the payee may make changes to the information on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated.

This form authorizes Interface, Inc. to make credit entries and, only when necessary, a reversing entry solely for the purpose of error correction. Such entry is not made without prior notice to payee and can only be initiated within five (5) banking days of the deposit effective date.

These payment instructions are authorized and the terms and conditions are accepted by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax or E-mail completed & signed form to:  
Fax: 480-948-1924 or E-mail [ap@interfaceforce.com](mailto:ap@interfaceforce.com)