



Electronic Funds Transfer Authorization

PAE Procurement Policy Document Reference:
PAE-723 Payment Terms

SECTION I: The supplier shall complete this section for all EFT actions. *All intermediary banks must be listed in Section I:

Bank Name - Primary Checking: _____

Bank Branch Address: _____

Name on Bank Account / Payment Beneficiary: _____

Beneficiary Account Number/IBAN#: _____

For US-Based Banks: *Note: The Wire and ACH ABA number may be identical.*
 ABA Number – Wire Transfer (same day, with fee): _____

ABA Number – ACH Transfer (next bank day, no fee): _____

Routing Number: _____

For International Banks
 Swift / Sort / Chips Code: _____

Intermediary Bank/ Correspondent Bank (If Applicable):

Bank Name: _____

Bank Branch Address: _____

Account Number (if Applicable): _____

ABA Number: _____

Routing Number: _____

Swift / Sort / Code: _____

Remittance Advice Email Address: _____

This is the email address where PAE can send advice on how to apply our payments if your bank does not provide that level of data.

SECTION II: Changes to Prior EFT Submission (The supplier shall complete this section only if requesting changes to a previously approved EFT authorization). If no change, proceed to Section III:

The following sections are to be completed by the Supplier.



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Supplier Justification:

1. Has a change of account details been requested within the previous 12 calendar months?
 YES NO (If yes, explain below):

2. Is this request to assign invoice payments to a separate legal entity? YES NO

If yes, please explain:

- a. Is the assignee in a different country than the vendor’s home office? YES NO
- b. Payment will be processed through at least one intermediary bank. YES NO

Add explanation here or attach a separate sheet to this form. If attaching the explanation, indicate “Explanation Attached” in this field.

SECTION III - Certifications

This authorization is to remain in effect until PAE has received notification from me of its termination in such time and in such manner as to afford reasonable time to act on it.

I understand that a wire transfer transaction may incur a bank charge to be incurred by the beneficiary.

Your signature below certifies that the information provided above is true, accurate, and complete to the best of your knowledge. Additionally, subject to penalty of all applicable laws, your signature below confirms that transactions initiated as a result of this change will not support any fraudulent, collusive, or criminal activity as recognized by PAE’s US Government Customer.

Name of Business Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

PAE internal use only: This section is to be completed by a PAE Global Supply Chain professional.

- The authenticity of Supplier’s request has been verified by telephone or in person.
- Supplier has performed satisfactorily on prior awards (if applicable)?
- Recommend approval of change request
- Due diligence has been performed on the Supplier and its assignee (attach if applicable)

Name/Title: _____ Date: _____