## 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 no	(THE COMPANY) to initiate entries to e financial institution listed below. This authority will otified by me (us) in writing to cancel it in such time as CIAL 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 AN	D APPROVAL
	/ *email:
*Contact name and email address for rem	nittance advice
	/
*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.