



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

COMPANY INFORMATION

Company Name:			
Supplier No (if available):		Taxpayer Identification Number:	
Mailing Address:			
City:	State:	ZIP Code:	Country:
Remit Address:			
City:	State:	ZIP Code:	Country:
Remittance Payment Advice Email Address ( Shared Email preferred):			
Accounts Receivable Email Address:			
Contact Name:			Phone:
Title:			

BENEFICIARY INFORMATION

Bank Name:			
Bank Address:			
City:	State:	ZIP Code:	Country:
Account Holder:			Currency:
ACH Routing No (Preferred):		ACH Account No:	
Wire Routing No:		Wire Account No:	
Swift Code (International payment):		IBAN (International Payment, if applicable):	

AUTHORIZATION

I hereby confirm my authority to authorize Astellas to initiate ACH entries to the financial institution account indicated above for payment of services. This authorization agreement is effective as of the date below and is to remain in full force until Astellas has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to Astellas for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature:	Date:
Print Name:	Title:

**Astellas US LLC**

Attn: Accounts Payable  
 1 Astellas Way, Northbrook, IL 60062  
 Tel: 224-205-8800 Fax: 224-205-5903  
 Email: [InquiriesAP@astellas.com](mailto:InquiriesAP@astellas.com)

