



Terumo Americas Holding, Inc.  
265 Davidson Avenue  
Somerset, N.J. 08873

### Authorization for Deposit of Vendor Payment

Select one: New Enrollment

Bank Information Change

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**Payee Information: (All Address Fields Required)**

Payee Name: \_\_\_\_\_ Currency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Bank Information: (All Address Fields Required)**

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Select the corresponding Routing details:

ACH (US)	Wire (US)	ACH (Canada)*	Swift (BIC)
ACH RTN (9 digits)	Fed RTN (9 digits)	ACH RTN (9 digits)	Bank Identifier Code (8 - 11 digits)

\* = 4 bank + 5 branch digits

Account # \_\_\_\_\_ IBAN # \_\_\_\_\_  
(only applicable with a Swift)

I, the undersigned, attest to the instructions provided above as accurate to the best of my knowledge. I authorize Terumo Americas Holding (TAH), Inc. and subsidiaries to utilize the instructions above for payments to our company. I will not hold TAH or subsidiaries liable for the misrouting of funds due to erroneous information provided above. TAH and subsidiaries are authorized to issue a USD or CAD Check if an electronic payment fails or information above is incomplete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

For Terumo Americas Holding, Inc. Accounts Payable use only:

Vendor Number \_\_\_\_\_ Date Received \_\_\_\_\_  
Company Affiliation \_\_\_\_\_ ERP: A ☐ U ☐ T ☐ F ☐  
HCP Vendor: ☐ Yes ☐ No