



## New Partner Form

Please complete the entire form including the W9.

1. Partner Name	2. Tax ID	
3. Payment Address		
4. City	5. State	6. Zipcode

**Accounts (queries and remittances): Must be supplied**

1. Contact Name	2. Contact Phone
3. Contact Email	
4. Contact Title / Position	

<b>Payment Method</b>
Direct Deposit (ACH)- (Please complete page 2)                      Check

# Direct Deposit (ACH) Enrollment Form and Agreement

All of the following information is required if Direct Deposit (ACH) payment is selected:

1. Company Name	2. Tax ID Number	
3. Payment Address (Number, Street and appt. or Suite No.)		
4. City	5. State	6. Postal Code
7. Payment Notification Contact Person	8. Phone	
9. Remit to Email	10. Financial Institution	
11. Routing Number	12. Account Number	
12. Swift Code <i>(If International; Currency will be defaulted to the County of Domesticity unless otherwise specified.)</i>		

I hereby authorize HomeServe USA to automatically deposit payments to the account listed above under the terms and conditions of this Direct Deposit (ACH) Enrollment Form and Agreement. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is correct and that HomeServe USA may rely on it.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

