



Vendor ACH Authorization Form

Please Select One:		
<input type="checkbox"/> NEW ACH	<input type="checkbox"/> CHANGE ACH	<input type="checkbox"/> CANCEL ACH

Vendor/Payee Information:
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

Financial Institution Information:	You must provide a voided check or a letter from your financial institution for verification of your account.
Bank Name:	
Bank Address:	
Name on Bank Account:	
Bank Account Number:	
Nine-Digit Bank Routing/Transit Number (ABA):	
Remittance Email Address:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Approvals/Authorizations:	
Print Name: _____	Title: _____
Signature: _____	Date: _____

Where to Return:
By email: Sandridge-OwnerRelations@eag1source.com By Mail: SandRidge Energy, 448 W. 19th St, Ste 102 Houston TX 77008