



## Electronic Payment Enrollment Form

Stryker is pleased to offer electronic ACH (Automated Clearing House) payments to our suppliers.

ACH payments provide an alternative to paper checks, affording you the following advantages:

- Receive your payments faster
- Reduced operating costs
- Eliminating the possibility of stolen/lost checks

Complete and return this form to complete your registration for electronic ACH payments

### Supplier Information

Taxpayer Identification Number (TIN): \_\_\_\_\_

Supplier (Parent) Name: \_\_\_\_\_

Most Recent Invoice Number: \_\_\_\_\_

#### MANUFACTURING STREET ADDRESS

Street Address: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_x\_\_\_\_

Email: \_\_\_\_\_

#### REMIT ADDRESS (if different)

Street Address: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_x\_\_\_\_

Email: \_\_\_\_\_

### Bank Information

Bank Routing Number (ABA): \_\_\_\_\_ (must be 9 digits)

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Remittance email (optional): \_\_\_\_\_

Please check only one method of how you would like to receive your remittance from Stryker Corporation:

Email remittance notification via PDF format to email you designate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please send your completed form to