

E-Payment Registration Form

A+E preferred payment method is via Automatic Clearing House (ACH) electronic fund transfer. A detailed remittance notice will be sent with our ACH/Wire payment.

REQUIRED PAYEE/COMPANY INFORMATION											
PAYEE/COMPANY NAME											
ADDRESS											
ADDRESS											
CITY						STATE/PROVINCE					
COUNTY						ZIP/POSTAL CODE					
CONTACT PERSON NAME						TELEPHONE					
CONTACT PERSON TITLE						EMAIL ADDRESS					
FINANCIAL INSTITUTION INFORMATION (ACH or WIRE)											
BANK NAME						COUNTRY					
ADDRESS											
ADDRESS											
CITY						STATE/PROVINCE					
COUNTY						ZIP/POSTAL CODE					
BRANCH TYPE						ABA					
ROUTING TRANSIT NUMBER (SWIFT CODE & SORT CODE REQUIRED FOR NON U.S. BASED ACCOUNTS)									IBAN FOR NON U.S. BASED ACCOUNTS		
BENEFICIARY ACCOUNT NAME											
BANK ACCOUNT NUMBER						ACCOUNT TYPE			ACH		WIRE
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL											
<p>I, the undersigned, represent that I am an officer or authorized representative of the Payee, ("Vendor"). On behalf of the Payee, I authorize A+E Television Networks, LLC or its subsidiaries to deposit payments directly to the account indicated above and to recall any erroneous payments which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until A+E Television Networks, LLC receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.</p>											
* NAME (PLEASE PRINT)									* TITLE		
* SIGNATURE _____									* DATE _____		

ALL HIGHLIGHTED IN RED FIELDS MUST BE FILLED OUT

*** Must be completed and signed by a Financial Controller, CFO or Senior Accounting Representative.**