



**Electronic Funds Transfer (EFT) Enrolment
ACH Form**

You are eligible to enroll in EFT (Electronic FundsTransfer) if you have a US dollar account with a US bank or a Canadian dollar account with a Canadian bank. Please complete all fields with the required information. Once completed, email this information to **O2CVaccinesCollections@gsk.com** please add the following **subject: Refund Request with GSK account number**. If you have any questions or concerns regarding this form, please do not hesitate to contact us for help at **1-866-GSK-VACC (1-866-475-8222) option 6**.

General Company information

Legal Name: _____

** Required if names are different*

DBA Name (SAP Name/ GSK Direct Name): _____

Telephone Number: _____

City: _____ State/Province: _____

Country: _____

Accounts Receivable Information

Contact Name: _____

Telephone Number: _____ Extension: _____

Email Address: _____

Banking Information

Bank Name: _____

Routing Number: _____ Account Number: _____

****Required - attach voided check for verification of banking information.***

By completing this form, the stated supplier has agreed to receive payments from GlaxoSmithKline through Electronic Funds Transfer (EFT).

Employee Signature: _____ Date: _____

Employee Name: _____ Telephone Number: _____