

FORM FOR WIRE & ACH ENROLLMENT

Please complete and sign the below to enroll in ACH or wire payments. Please return to ap.invoices@nyab.com or FAX to 315.786.5677.

Please check which division(s) you supply product or services to (check all that apply):

- NEW YORK AIR BRAKE
- ANCHOR BRAKE SHOE
- KNORR BRAKE LIMITED
- KB RAIL MEXICO
- KNORR BRAKE COMPANY
- MERAK NORTH AMERICA
- IFE NORTH AMERICA
- TECHNOLOGIES LANKA
- MICROELETTRICA USA
- KNORR-BREMSE EVAC

INTERNAL USE ONLY – VENDOR CODE(S)

SUPPLIER DETAILS:

Name: _____

Address: _____
(Physical address – no PO Boxes)

City: _____ Zip Code: _____

State: _____ Country: _____

Payment Advice E-Mail: _____
(The above e-mail address will receive payment notifications any time a payment is made to your account.)

BANK ACCOUNT INFORMATION:

Bank Name: _____ Bank Country: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Clearing Code: _____
(US ABA Fedwire, Canadian Institution and Transit Number, Mexican Clabe, Bankleitzahl, Bank Key, Bank Code, etc.)

IBAN: _____ SWIFT: _____

Type Of Account: CHECKING SAVINGS

Intermediary Bank Number: _____ Intermediary Account: _____
(Usually a US ABA Fedwire/Routing Number – must be numerical)

Intermediary Bank: _____ Intermediary Country: _____

Payment Currency: _____
(Enter the currency that payment is expected in.)

AUTHORIZED SIGNATURE:

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

INTERNAL USE ONLY

Entered By: _____ Date: _____

Accepted By: _____ Date: _____

All fields must be completed above for this form to be accepted. Please provide secondary proof of account information.