



Vendor ACH Enrollment Form

Company Information

Business Name:	Your Customer ID for Harley & Son:
Address:	
Taxpayer ID:	Contact Person:
Telephone:	Email:

Bank Account Information

Bank:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address:	
Routing Number (9 digits)	Account Number:

Company Approval

Name of Authorized Official:	Title:
Signature:	Date:

Return completed forms to AP@HarleyAndSon.com or mail to Harley & Son, Attn: ACH Enrollment, 15910 Valley View Ave, La Mirada, CA 90638.