



Genentech – A Member of the Roche Group

ELECTRONIC PAYMENT FORM

Type of Request ☐ NEW ☐ CHANGE

VENDOR/PAYEE INFORMATION

Company/Payee Name: _____

Employer Identification Number/Social Security Number: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____ Telephone Number: _____

Billing Contact Person(s): _____

Email address for remittance advice: _____

*A group email address is encouraged to allow multiple people to receive or access the remittance information. Email notification is sent upon processing payment.

BANK ACCOUNT INFORMATION (Provide bank account details for each account currency billed)

***ACCOUNT TYPE (Please check one below):

☐ CHECKING ☐ SAVINGS

☐ ACH / EFT ☐ WIRE **Currency**

Bank Name: _____

Branch Name: _____

Bank Routing ID/Sort Code/ABA#: _____

Bank Address: _____

Bank Account#: _____

Bank City: _____

Swift Code/BIC#: _____

Bank Country: _____

IBAN (European Countries): _____

Name on Account: _____

Intermediary Bank (if applicable): _____

Intermediary Bank Name: _____

Int. Local Bank ID# Int. SWIFT Code: _____

Intermediary Swift Code: _____

For Canada only: Bank Branch & ID#: _____ Example: 0001, Local Bank #45879

☐ I would like the above banking information to be effective for ALL "remit to" sites with the same Tax Identification number.
(Note: If this banking information does not pertain to ALL "remit to" sites, please provide a list of specific sites for this information).

IMPORTANT NOTE: Payments made in the vendor's domestic currency will be paid by local electronic payment. Other than in the U.S., these payments will state, "Roche Pharmholdings on behalf of Genentech." Payments in a currency foreign to the vendor will be made by wire, however THE LOCAL BANK ID IS STILL REQUIRED FOR BOTH TYPES OF PAYMENTS to be setup in Genentech's/Roche's system.

Vendor will give thirty (30) calendar days advance notice in writing to Genentech, of any changes in its depository institution or other payment instructions. Failure to provide change notification will result in delayed payments.

I certify that the above is correct and true, and that I, as a representative for the above named company, hereby authorize Genentech to electronically deposit payments to the bank identified above.

Approver's Name (Please print), and Title: _____

Approver's Signature: _____

Date: _____

Fax Bank form to 877-228-4592 or email to p2psupport-d@gene.com
For questions, please contact our P2P helpdesk at 650-467-0810 or email p2psupport-d@gene.com