

Electronic Payment Form



This form is required for all suppliers and Healthcare Professionals (HCP).
eSignatures are accepted.

Type of Request **NEW** **CHANGE**

VENDOR/PAYEE INFORMATION

Company/Payee Name: _____

Employer Identification Number/Social Security Number: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ 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 payment processing

BANK ACCOUNT INFORMATION (Provide bank account details for each account and/or currency billed. Submit one form per currency and/or bank)

ACCOUNT TYPE (Please check one):	CHECKING	SAVINGS	Payment Currency (select one):
Payment Method (Please check one):	ACH / EFT	WIRE TRANSFER	
Bank Routing ID / Sort code / ABA#:	_____		Bank Name: _____
Bank Account #:	_____		Branch Name: _____
Swift / BIC #:	_____		Bank Address: _____
IBAN (European Countries):	_____		Bank City: _____
Canada only: Bank Branch & ID#:	_____		Bank Country: _____
Example: 0001, Local branch, #45689			Account holder name: _____

INTERMEDIARY BANK ACCOUNT INFORMATION Do you require an intermediary bank? No Yes (please complete following information)

Bank Name: _____

Intermediary Bank Country*: _____

Intermediary Bank Account #: _____

Intermediary Bank Swift Code: _____ OR Intermediary Bank routing ID # / ABA # _____

* If Intermediary bank is located in the United States provide **BOTH** Swift Code and ABA #

I request 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 it's depository institution or other payment instructions. Failure to provide change notification will result in delayed payments.

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

Approver's Signature: _____ Date: _____

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.