



Requirements

1. Currently receiving payments through ACH from other customers
2. Email completed form with ACH routing and account information to AP_Helpdesk_USG@usg.com
3. Current W9

Please send completed form and W9 via email.

Email: AP_Helpdesk_USG@usg.com

Phone: (855)783-2351

Supplier Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Remittance Email: _____

CTX Accepted

I (we) hereby authorize USG Corporation to initiate entries to our checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until USG Corporation is notified by me (us) in writing to cancel it in such time as to afford USG Corporations and the financial institution a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____

Position Title: _____

Date: _____

BANK NAME:

ACH ACCOUNT NUMBER:

ACH ROUTING NUMBER: