



Requirements

1. Currently receiving payments through ACH
2. Ability to receive remittance advice from your bank
3. Email/Mail completed form with ACH routing and account information from your bank to AP_Helpdesk_USG@usg.com

Please send completed form via mail/email.

Attn: Finance Shared Services #144005
550 W Adams
Chicago. IL 60661

Email: AP_Helpdesk_USG@usg.com
Phone: 855-783-2351

Supplier Name: _____

Contact Name: _____ Contact Phone: () _____

Contact Email: _____ Supplier Taxpayer ID: _____

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: _____
