



PAYMENT METHOD INFORMATION FORM

THIS FORM CAN BE DIGITALLY TYPED AND SIGNED

HANDWRITTEN FORMS ARE NO LONGER BE ACCEPTED BY OUR ACCOUNTING DEPT.

VENDOR DATA:

Vendor Name:			
Remittance Address:			
City:	State:	Zip:	Country:
Phone:	Email Address:		

PAYMENT DATA:

Payment method: (Check one) <input type="checkbox"/> Check – Payments in USD only <input type="checkbox"/> ACH – US Banks only <input type="checkbox"/> Wire Transfer – Foreign banks

Payment Currency requested: (Please indicate TYPE OF CURRENCY)
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ACH / WIRE TRANSFER BANK INFORMATION

BANK NAME: _____
BANK ADDRESS: _____

Routing/ABA: _____	For US banks only. A 9 digit number used to identify the vendor's bank. If a Routing/ABA number is entered, account name and number must also be provided.
SWIFT Code: Foreign vendors only. _____	Foreign vendors only. An alpha-numeric value approximate 8 characters long. If a SWIFT number is entered, account name and number must also be provided.
IBAN: _____	Typically used for foreign banks. A very long alpha-numeric value. If an IBAN number is entered, account name & number may not be required.
Account Name: _____	Account name is the name on the vendor's bank account, usually the same as the vendor's name.
Account Number: _____	Vendor's bank account number

CERTIFICATION:

I certify that I am an authorized representative of the above organization and that the banking information provided is accurate.

Print Name

Signature