



Electronic Payment Request Form

(Insert Company Letterhead)

Company Name on Account:

Bank Name:

Checking: Savings:

ABA/Routing Number:

Account Number:

Swift Code: (If payment outside US)

Duns Number:

Email Address for Remittance Advice: (Max 2)

Effective Date of Banking:

Remittance Address:

Address Line 1:

Address Line 2:

City: State: Zip:

By signing below, you are verifying that you are authorized to change your company information.

Signature: Printed Name:

Title: Date:

****Signature must be from a company officer Director level or above**



Electronic Payment Request Form

Existing Vendors: Vendor/Supplier ID #:

Reason for Banking Change:

New Bank

Ownership change

Other: Please specify

Date and Amount of last payment:

Are you an existing ACH vendor? Yes NO If Yes, please provide:

Old Account number:

Old Routing Number:

****NOTE:** Any Invoices received during the 7-day banking change, will pay via check.