

VENDOR FORM

Bank Key/Bank ABA #:
(only if vendor requires direct deposit)

Bank Account #:
(only if vendor requires direct deposit)

Account Type: Checking Savings

Account Holder:
(List Bank Acct holder, if different from Vendor)

Alternative Payee:

Minority Indicator

- N/A American Indian/Alaskan Native
 Asian or Pacific Islander Black, not Hispanic
 Women Owned Business Hispanic

1099 Reportable

Exemption Codes:

Telephone:
(Area Code)XXX-XXXX

Fax:
(Area Code)XXX-XXXX

E-MAIL:

Signature _____

Date _____

** Please note if you do not want direct deposit do not complete top portion of this form.

** Please send a "voided" check if you do choose Direct Deposit.