

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

- | | |
|---|--|
| <input checked="" type="radio"/> N/A | <input type="radio"/> American Indian/Alaskan Native |
| <input type="radio"/> Asian or Pacific Islander | <input type="radio"/> Black, not Hispanic |
| <input type="radio"/> Women Owned Business | <input type="radio"/> 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. If you do want Direct Deposit, you must include a voided check attached to this form.