Payment Change Form

Company Name

Bank payment enrollment and bank account changes · Fields marked * are required

1 Fill in every * field
Incomplete forms are returned.

2 Sign it
By hand in ink, or with a certified digital signature.

3 Give a number we can check
We call before we send any payment.

1 What do you need? *

☐ Start bank payments ☐ Change our bank account ☐ Stop bank payments, pay by check

2 Your company

Company (payee) name * exactly as on your W-9 or W-8

Vendor number if you know it

Payment (remit-to) address *

Email for payment notices *

Accounts receivable contact *

Phone *

3 Bank account Checking accounts only

Bank name *

Name on the account *

Routing number * 9 digits

Account number *

Old bank name if changing

Old account, last 4

4 Who can we call to confirm? *

To protect you from fraud, we phone your company before any payment goes to a new bank account. The number must be one we can check ourselves: it appears on your company website or on an invoice we already have on file. **A number we cannot find published anywhere cannot be used.** Until we reach you, we pay by paper check.

Person to call *

Title

Phone *

Where is it published? *

5 Sign here UNSIGNED FORMS ARE RETURNED

I authorize Company Name to pay invoices by electronic transfer to the bank account above. I confirm that I am a finance officer or authorized representative of my organization. This authorization stays in effect until Company Name receives written notice to end it.

Signature *

Printed name *

Title *

Date *

✓ **Accepted:** handwritten signature in ink · certified digital signature with a time stamp ✗ **Not accepted:** typed name · pasted picture of a signature

Vendor Team use only

Number called

Where we found it

Spoke with

Verified by · date