

VENDOR ELECTRONIC PAYMENT INFORMATION FORM

Please type or print clearly

Name of "COMPANY": _____

"COMPANY" Employer Identification Number (EIN) or Social Security Number (SSN):

_____ (include dashes)

Does any parent or subsidiary company or other entity use this EIN or SSN? Yes ___ No ___

Mailing Address of Company (Street or P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Contact Person for Company: _____ E-mail: _____

Area Code/Telephone Number: _____

Fax Telephone Number for Company: _____

Action (check one): Establish ___ Discontinue ___ Effective Date of Action: _____

Bank Information for Your Company:

Name of Bank: _____

Branch Address (City and State): _____

Type of Account (check one): Checking ___ Savings ___

ACH Transit Routing Number for Bank (9 digits): _____

(If your bank merged in the last year, please confirm the ACH Transit Routing Number and the Bank Account Number with them before submitting this form.)

Bank Account Number: _____

Note: Any changes to the account number or banking establishment must be coordinated with VCU Disbursement Operations at least 15 days prior to the date the change becomes effective. This form may be faxed to (804) 827-4104.