

ACH - DIRECT DEPOSIT - REQUEST FORM – ACCOUNTS PAYABLE

Vendor Information:

Vendor Name: _____ WCC Vendor Number: _____
(Found on check above the 'Pay to the order of')

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____

E-Mail Address: _____
(ACH Deposit notifications will be sent to this E-mail address)

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: (____) _____

ABA Routing #: _____ Account #: _____

Account Type: Checking _____ Savings _____
(Please check only one)

Vendor's Authorization:

Please sign below to confirm that you are authorizing WCC to begin depositing payments for your invoices into the account mentioned above.

Signature _____ Date _____

Print Name _____ Title _____ Phone No. _____

Please mail or fax this completed form with a voided check. Do not send via e-mail. With your next payment, a prenote will be sent to your bank to confirm that the banking information is correct. This confirmation process takes approximately 10 days. All payments prior to this time will be paid via check.