

Check the box that applies (new ACH setup or change): NEW CHANGE

(*If bank information has changed, list previous bank account #): _____

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:					
Vendor Name:			-		
Remittance Address:			<u>.</u>		
Remittance City:		State:		Zip Code:	
Phone #:			Contact Name:		
E-Mail Address:					
The email address provided ab Email will be sent by MinerAC		nd payment	t remittance.		
Banking Information:					
Vendor's Bank Name:					
Bank Address:					
Bank's City:		State:		Zip Code:	
Bank Contact Name:			Phone #:	·	
ABA Routing #:			Account #	:	
Account Type (please check only one)	Checking	Savings			
Please submit the completed to bank account information.	form with copy of vo	ided check	OR letter fro	om your bank as verification of	
Vendor's Authorization: Please sign below to authorize your invoices.	MINER to transfer p	ayments to	the bank acco	ount mentioned above for	
Signature				Title	
Phone Number			Date		
INTERNAL USE ONLY					
SL Vendor ID:	Branch V	Branch Vendor ID:			
Contact:	Phone:			Date:	