

American College of Radiology (ACR)

Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form

INSTRUCTIONS: Please complete all sections of this Enrollment Form

RETURN BY FAX: 703-262-9301

SECTION 1 - VENDOR INFORMATION

Vendor Name (As it appears on W-9 Form):

Vendor Primary Address:

Vendor Email Address:

Contact Person Name:

Contact Telephone Number:

Section 2 - Financial Institution Information

Bank Account Name:

Account Number:

Bank Name:

Bank Branch Address:

Routing Transit Number: (Located at the bottom of your check)

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Account Type: (Check one) () Checking () Savings

Direct Deposit/ACH/EFT Coordinator's Name:

Telephone Number:

Section 3 - Vendor Signature

Vendor Signature

Print Name

Date