



Service Vendor ACH Enrollment

1. Vendor Name (W-9 Line 1):

2. Business Name used on Invoices (if different from Line 1) (W-9 Line 2):

3. Address:

4. E-Mail Address: _____

5. Phone Number: _____

6. What service did you provide: _____

7. ACH (Direct Deposit) Payment

Routing Number: _____ Account Number: _____

Account Type: Checking Saving

Required E-mail Address: _____

Remittance Advice will be e-mailed when your ACH payment has been processed

TIN Listed W-9: _____

This will be your document password (without dashes) used to open your PDF

8. Please refer to our *Payment Schedule* found on-line at www.consumerdirections.info for invoice submission cut-off dates and payment dates.

9. Invoices can be e-mailed to payroll@yourfse.com; faxed (320) 258-3238 or mailed.

10. IRS Form W-9 is required to be submitted with this form for vendor enrollment.

11.

Signature of Service Vendor

Date