

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF FINANCE (DOF)

ACH/ELECTRONIC PAYMENTS VENDOR REQUEST FORM (revised 3.20.19)

Purpose: This form, along with the proper supporting documentation (i.e., I.D, Bank Slip, and/or cancelled check), is used to process and update vendor file records to reflect ACH/Electronic payments.

SECTION A: (Complete by Vendor)

Type of Account: Checking Savings

New ACH Vendor

Existing ACH Vendor

Cancel ACH

Vendor Name: _____ **Vendor Number:** _____
(For existing vendors, please have Department/Agency confirm your vendor number within the ERP system. Vendor Name and EIN/SSN should be accurate within the ERP.)

Contact Number: _____ **Email:** _____

EIN Number: _____ **Bank Name:** _____

Account Number: _____ **Routing Number:** _____

Print Name: _____ **Title:** _____

SIGNATURE: _____ **DATE:** _____
(Your signature indicates that the information is true to the best of your knowledge.)

SECTION B: (Complete by Department/Agency)

Name of Employee: _____ **Title:** _____

Contact Number: _____ (ext.) _____ **Email:** _____

Department Name: _____ **Date Received:** _____

Print Name: _____ **Title:** _____

SIGNATURE: _____ **DATE:** _____

(Your signature indicates that the information attached for support has been reviewed and verified. Additionally, vendor name, vendor #, and EIN and Social Security #'s should be accurate. Any discrepancies, please contact the Department of Property and Procurement.)

SECTION C: (Processed by Accounting - DOF)

Processed by: _____ **Date:** _____
(Approved Initials _____)
Comments: _____