

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS



Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI 00802

ACH / ELECTRONIC PAYMENTS VENDOR REQUEST FORM

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

SECTION A: (To Be Completed By Vendor or Department)

Vendor Name: _____ Vendor Number: _____
Contact Telephone: _____ EIN Number: _____
Bank Name: _____ Account Number: _____
Routing Number: _____ Type of Account: Checking / Saving
SIGNATURE: _____ DATE: _____

For DOF Use Only

SECTION B: (To Be Completed By DOF Accounting)

Date Request Received: _____ Processed By: _____
Comments: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

SECTION C: (To Be Completed By DOF Treasury)

Date Request Received: _____ Approved By: _____
Comments: _____

SIGNATURE: _____ TITLE: _____ DATE: _____