

Instructions to complete UFMS Vendor Request Form (ACH Form) Claimant/Petitioner

Please follow these instructions when filling out this form:

Top of form: Select New, Update, or Deactivate

Box 8: Vendor name/Code:

- *If you are a Business – Name of the business*
- *If you are an individual – Your name*
- *If you are an attorney filling out this form on behalf of a client – Your client's name*

Box 14: TIN/SSN/EIN:

- *If you are a Business – Tax ID Number*
- *If you are an individual – Social Security Number*
- *If you are an attorney filling out this form on behalf of a client – Your client's Social Security Number or Tax ID number*

Box 15: Street Address: *Your current address*

Box 16: City, State, Zip Code: *Your current city, state, and zip code*

Box 17: Country: *Country of address in box 15 and 16*

Box 18: Email Address *Your email address*

Box 19: Vendor Phone Number: *Your phone number*

Box 20: Fax: *Your fax number, if available*

Box 21: Vendor Contact Name:

- *If you are a Business – Point of contact name*
- *If you are an individual – Your name*

Box 23: Bank Name: *Name of bank where funds are to be transferred*

Box 24: Bank Address: *The address for the bank in box 23*

Box 25: City, State, Zip Code: *The city, state, and zip codes for the bank in box 23*

Box 26: Country: *The country for the bank in box 23*

Box 27: Bank Phone Number: *The phone number for the bank in box 23*

Box 28: ABA Number: *Nine digit routing number for the bank holding the account where funds are to be transferred*

Box 29: Account Number: *Your account number where funds are to be transferred*

Box 30: Account Type: *Choose either Corporate or Personal Checking or Savings*

Signature Line: *Signature of individual or attorney submitting form*