



ElectriCities of North Carolina, Inc.
Request for Vendor Bank Account Information

_____ Vendor Name _____

_____ Date (Month/Day/Year) _____ Federal Taxpayer ID (please provide form W-9) _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email Address: _____

BANK INFORMATION

We would like our disbursements paid via ACH and deposited in the following bank account:

Account Type: Checking Savings Other > *Please describe:* _____

Payment Method: EFT/ACH Federal Wire

Bank Name: _____

ABA Number: _____

ACH No.: (if different from ABA #) _____

Account Number: _____

Bank Address: _____

_____ City _____ State _____ Zip Code

Read the following and sign to certify that:

1. The number shown on this form is my correct taxpayer ID Number (or I am waiting for a number to be issued to me), and
2. The banking information provided is accurate and under the name and tax ID number provided. In addition, I certify that I have been delegated the authority to request this action by the company designated above.
3. Vendor acknowledges and agrees that the information provided herein is being provided by Vendor to Electricities for Vendor's convenience and that Electricities may, without incurring any liability, rely on such information.

_____ Signature

_____ Date

_____ Printed Name of Signer

_____ Title or Position