



North Carolina Municipal Power Agency 1
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...
2. The banking information provided is accurate...
3. Vendor acknowledges and agrees that the information provided herein is being provided by Vendor to North Carolina Municipal Power Agency 1...

Signature

Date

Printed Name of Signer

Title or Position