Vendor Name:			Vendor Number:	
items below wer	e discussed over the p	•	d. Please confirm that any change of the of the change has been acknowledged contact listed below.	
Verify Bank/	Account Informa	tion:		
Bank Name:	Bank Account:	Bank ABA:		
Verify Remit	tance Informatio	n:		
Email address:	Contact name:	Contact Phone:	Physical address for paper checks:	
Change requ	ested by:			
Name:				
Title:	tle: Phone:			
Email:				
****	**********	******	*****************	
Affidavit:				
Erickson Emplo	yee:			
Name:				
Title:		Pho	ne:	
Email:				
Describe how Se	condary Contact was	determined:		
•	onfirmed with second d vendor on	-	ording the change in banking information for	
Vendor Second	ary Contact:			
Name:				
Title:		Pho	ne:	
Fmail:				

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