

Supplier Payment Information Changes

Section 1: Action Required

Please Select One or More Options Below

Add Supplier Payment Address Remove Supplier Payment Address Add Bank Information Remove Old Bank Information

Add Accountant Contact Info Remove Old Accountant Contact Info Change Payment Method Other- Indicate here:

Federal Tax Identification Number

Payment Method- If Changing Payment Method, Select New Preferred Method Only

Grid for Federal Tax Identification Number

Check Preferred EFT Preferred *NOTE: See EFT enrollment requirements below Both- Explain:

Supplier Name

Grid for Supplier Name

Alternative DBA Name (If Applicable)

Grid for Alternative DBA Name

Effective Date of New Information

End Date of Old Information

Grid for Effective Date of New Information

Grid for End Date of Old Information

Payment Remittance Address

New/ Current Address

Grid for New/ Current Address

New/ Current City, State

Grid for New/ Current City, State

Postal Code

Grid for Postal Code

Old Address No Longer In Use (If Applicable)

Grid for Old Address No Longer In Use

Old City, State (If Applicable)

Grid for Old City, State

Postal Code

Grid for Postal Code

Vendor's Accounts Receivable Contact Information

Vendor's Old/Removed Contact Information (If Applicable)

Name (Print) Individual (Group Email If Available) Telephone Number

Blank lines for Vendor's Old/Removed Contact Information

Section 2: Electronic Payment Enrollment

*MUST ATTACH VOIDED CHECK or CERTIFIED BANK LETTER and W-9 OR ELSE EFT ENROLLMENT WILL BE DENIED

Required Documents Attached?

YES NO checkboxes

Bank Routing Number Account

Grid for Bank Routing Number

Number

Grid for Account Number

Internal Official Use Only

Supplier Number Date of Change Changes Made By

Be aware that follow-up by company may occur to ensure validity and accuracy banking information.

Approver Signature

Bank Name City, State, Zip Code: Name on Account Authorized Signer User Telephone Number

Submit completed form and required documents

to:

SupplierMaint@nv.doe.gov



Section 3: Authorized Account Signer Information

E-mail:

Grids for E-mail address

By signing below, I hereby agree that I have read and agree to the terms and conditions stated below

Signature:

I hereby authorize Mission Support and Test Services, LLC (MSTS), to initiate credit entries to the account at the bank listed below for all payments. This agreement will remain in effect until I notify MSTS of the desire to cancel or change this service or until MSTS notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed below to accept any credit entries by MSTS to such account and to credit the same to such account. MSTS will not debit or deduct funds directly from my bank account for over-payments and/or refund requests, but MSTS will seek permission to debit my bank account for any adjustments or corrections to resolve duplicate payments (where "duplicate" is defined as MSTS sending multiple identical payments in error) or erroneous payments due to a bank account setup error. MSTS will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, MSTS will notify me in writing to reach an alternative arrangement for reimbursement. MSTS strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.