



## Service Vendor ACH Enrollment

1. Vendor Name (W-9 Line 1):

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2. Business Name used on Invoices (if different from Line 1) (W-9 Line 2):

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3. Address:

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4. E-Mail Address: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_

6. What service did you provide: \_\_\_\_\_

7. ACH (Direct Deposit) Payment

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:            Checking            Saving

Required E-mail Address: \_\_\_\_\_

Remittance Advice will be e-mailed when your ACH payment has been processed

TIN/SSN Listed W-9: \_\_\_\_\_

This will be your document password (without dashes) used to open your PDF

8. Invoices received by noon on Monday will be paid on Friday of the same week.  
Invoices can be e-mailed to [payroll@yourfse.com](mailto:payroll@yourfse.com); faxed (320) 258-3238 or mailed.

9. IRS Form W-9 is required to be submitted with this form for vendor enrollment.

10.

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Signature of Service Vendor

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Date