

**JEVS HUMAN SERVICES
VENDOR PROFILE FORM
PART A**

Vendor Name: _____

Vendor Billing Code: (State Issued) _____

Vendor EIN/SSN: (Attach W-9) _____

(Note: Failure to attach a W-9 will delay payment processing)

Mailing Address: _____

Payment "Remit To" Address: _____

Telephone Number: _____

Contact Person: _____

Are you requesting ACH deposits in lieu of check payments? (PLEASE CHECK BELOW)

Yes

No

Authorized Signature: _____

**(If yes, please fill out Part B . Failure to complete entire
section will delay processing your ACH request.)**

Part B
ACH Credit Pre-authorization Form

I, _____, authorize JEVS HUMAN SERVICES to automatically credit my bank account for the purpose of Invoice payments. I recognize that it is my responsibility to ensure that the information below is up to date. I agree to provide written instruction to change information listed below as appropriate.

I have attached a voided check. My bank information is as follows:

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING NUMBER _ _ _ - _ _ _ - _ _ _

Circle one: CHECKING SAVINGS

ACCOUNT NUMBER _____

NAME(S) ON ACCOUNT _____

Authorized Signature: _____