Business Information

Electronic Payments Program

New Setup Change Bank Information

Use bank account information below to configure GVC Network/ACH. (If using a different account for GVC Network/ACH please complete an additional ACH Credit Authorization Form)

Company Name: _					
Account Code: _			Effective Date: _		
Company Address: _					
City: _				State:	Zip:
Phone: _			-		
Bank Information					
Bank Name: _					
Name on Account: _			Bank Phone:		
Bank Address: _					
City:				State:	Zip:
Routing # (9 digits):			Bank Account #:		
Account Type:	Checking	Savings			
globalVCard, LLC® (her fund the Company's acc credits made in error to notification from Compa on such instructions. Un authorized signatory on Company agrees that if resolve the issue directle	rein after referred count with GVC. (the account. This any that this auth ndersigned repres to the account refer any ACH credits	to as "GVC") initial company also authorization shall authorization has been sents and warrants erenced above and	te ACH credit entries orizes ACH debits from remain in effect unles terminated in such ting to GVC that the perso all information regard	to the accomm GVC for a sand until of the and mar n executing ing the accommodity.	adjustments to any ACI GVC has received writte nner to allow GVC to ac this authorization is a count is true and correc
Authorized Signatory Si	ignature:			Date:	
Print Name:			Title:		

NEW VENDOR APPLICATION

Electronic Payments Program

Company Name:				
company manner				
Tax ID or FEIN:				
Physical Address:				
Filysical Address.				
City:		State:	Zip:	
Mailing Address:				
City:		State:	Zip:	
_			-	
Phone Number:	 _ Fax Number:			
Business Industry:				
Duomeoo maada y.				
Remittance Email:				
	0			
Contact Name:	 _ Contact Litle:			
Contact Phone:	Contact Email:			