



141 East College Avenue
Decatur, GA 30030
Office of Accounting

New Vendor/Payee Information

(This form must be filled out and sent to AP for each new vendor or payee that you are requesting a check / ACH for.
There must be a completed W-9 attached to this form.)

Date: _____

Name of Vendor: _____

Address of Vendor: _____ City: _____, State _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____ Email Address: _____

Department Requesting New Vendor: _____ Reason for New Vendor: _____

In order for an ACH will be generated from Wells Fargo Bank on behalf of Agnes Scott College, please provide us with the following information:

Name of Bank: _____

Federal Routing Number: _____

Vendor's Account Number: _____

PLEASE PRINT THIS DOCUMENT AND OBTAIN THE NECESSARY SIGNATURES BELOW.

X _____
Signature – Person Requesting New Vendor

X _____
Signature - Budget Manager

X _____
Signature – Supervisor of Budget Manager (One-Higher Level)