

**VENDOR ID:**

**ACH Vendor Payment Enrollment Form**

I hereby authorize Westfield to post payments into the financial account referenced below. I understand that I am responsible for the validity of the information on this form.

Please Print in BLOCK Capitals

<b>Section A. VENDOR (REMIT) INFORMATION</b>	
COMPANY NAME:	SSN or TAXPAYER ID NO:
ADDRESS:	
CITY, STATE, ZIP CODE:	FAX:
CONTACT NAME:	CONTACT PHONE NUMBER:
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	E-Mail:
<b>Section B. FINANCIAL INSTITUTION INFORMATION</b>	
BANK NAME:	
BANK ADDRESS:	
CITY, STATE, ZIP CODE:	
BANK ACCOUNT NUMBER:	TELEPHONE NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
BANK ACCOUNT NAME:	NINE-DIGIT ROUTING TRANSIT NUMBER

**WESTFIELD USE ONLY**

Vendor Validation: \_\_\_\_\_ Vendor Master Updated by: \_\_\_\_\_  
Date: \_\_\_\_\_

**PLEASE RETURN TO: [USAPVendorMaintenance@Westfield.com](mailto:USAPVendorMaintenance@Westfield.com) OR FAX TO: 310-481-9466**

**\*\*\*\*\*PLEASE ATTACH VOIDED CHECK\*\*\*\*\***