

Supplier Account Information for Direct Deposit

Date: [Insert Date]

To: [Supplier Name]

[Supplier Address]

[City, State, ZIP Code]

Dear [Supplier Contact Name],

We are reaching out to gather necessary information for setting up your Supplier Account for direct deposit payments. To ensure timely and secure transactions, please provide the following details:

Supplier Information

Supplier Name: [Insert Supplier Name]

Address: [Insert Address]

Contact Person: [Insert Contact Name]

Phone Number: [Insert Phone Number]

Email Address: [Insert Email]

Bank Account Information

Bank Name: [Insert Bank Name]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

Account Type: [Insert Account Type (Checking/Savings)]

Please return this completed form to us by [Insert Deadline Date]. Feel free to contact us at [Insert Contact Email] or [Insert Contact Phone Number] if you have any questions.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]