

Supplier Direct Deposit Registration

Date: _____

To,

[Supplier Name]

[Supplier Address Line 1]

[Supplier Address Line 2]

[City, State, Zip Code]

Dear [Supplier Name],

We are pleased to inform you that we offer a Direct Deposit option for payment purposes. To facilitate smooth transactions, we kindly request you to complete the following registration for Direct Deposit.

Bank Account Information:

- Bank Name: _____
- Account Holder Name: _____
- Account Number: _____
- Routing Number: _____
- Type of Account: [Checking/Savings]

Please complete the form and return it to us by [return date]. Once processed, all future payments will be deposited directly into your account.

Thank you for your attention to this matter. Should you have any questions, please feel free to reach out.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[Your Contact Information]