

Instructions to complete UFMS Vendor Request Form (ACH Form) Claimant/Petitioner

Please follow these instructions when filling out this form:

Box 1: **Select New, Update, or Deactivate**

Box 14: **Vendor Name:**

- *If you are a Business – Name of the business*
- *If you are an individual – Your name*
- *If you are an attorney filling out this form on behalf of a client – Your client’s name*

Box 16: **EIN/SSN/TIN:**

- *If you are a Business – Tax ID Number*
- *If you are an individual – Social Security Number*
- *If you are an attorney filling out this form on behalf of a client – Your client’s Social Security Number or Tax ID number*

Box 17: **Street Address:** *Your current address*

Box 18: **City, State, Zip Code:** *Your current city, state, and zip code*

Box 19: **Country:** *Country of address in box 17 and 18*

Box 20: **Email Address** *Your email address*

Box 21: **Vendor Phone Number:** *Your phone number*

Box 22: **Fax Number:** *Your fax number, if available*

Box 23: **Contact Name:**

- *If you are a Business – Point of contact name*
- *If you are an individual – Your name*

Box 26: **Bank Name:** *Name of bank where funds are to be transferred*

Box 27: **Street Address:** *The address for the bank in box 26*

Box 28: **City, State, Zip Code:** *The city, state, and zip codes for the bank in box 26*

Box 29: **Country:** *The country for the bank in box 26*

Box 30: **Bank Phone Number:** *The phone number for the bank in box 26*

Box 31: **ABA Number:** *Routing number for the bank holding the account where funds are to be transferred*

Box 32: **Account Number:** *Your account number where funds are to be transferred*

Box 33: **Account Type:** *Corporate Checking, Personal Checking, or Savings*

If a box is not listed in these instructions, do not complete it.