



DOI Vendor ACH Payment Request Form

Email completed forms to: DOI@enlink.com or fax completed forms to: Accounting at 713-739-3346

This form is to be used only for DOI Vendors that request payment in the form of an ACH. For all other vendor changes, please use the standard EnLink Vendor Maintenance Form.

VENDOR NUMBER: _____
(Existing PeopleSoft Vendor ID)

VENDOR NAME: _____

VENDOR BANK ACH INFORMATION

Bank Name: _____

BANK ID (ABA or Routing Number): _____

Bank Account Number: _____

Bank Contact Info: _____

PLEASE ATTACH A BLANK VOIDED CHECK WITH THIS FORM.

VENDOR REMITTANCE OPTION

Remit Statement by Email Email Address: _____

Remit Statement by Fax Fax Number: No Remittance Required: _____

COMMENTS

SIGNATURE: _____ DATE: _____

OPERATIONS ACCTNG USE ONLY

MGR APPROVAL: _____ DATE: _____ Reviewed By: _____

ENTERED BY: _____ DATE: _____ Approved By: _____