Email: [COVACHRequest@sedgwick.com](mailto:COVACHRequest@sedgwick.com)

***Vendor ACH/Direct Deposit Payment Enrollment Form***

Home Office: 103

Your Name:

Today’s Date:

Client Name: Commonwealth of Virginia

Email Address:

**Required:** Attach the 3rd party supporting documentation showing the vendor’s name, address, and justification of payment for the vendor setup.

Please check one of the following: Add\_\_ Change\_\_\_ Delete\_\_

**PAYEE/COMPANY INFORMATION** (Please print)

|  |  |
| --- | --- |
| COMPANY NAME: | CLAIM NUMBER\*: |
| MAILING ADDRESS: | |
| TAXPAYER ID/EIN#: | CONTACT PERSON: |
| REMITTANCE EMAIL ADDRESS: (REQUIRED) | TELEPHONE: |

**FINANCIAL INSTITUTION INFORMATION** (Please print)

|  |
| --- |
| BANK NAME: |
| ACCOUNT TYPE:         CHECKING \_\_\_\_\_\_\_\_\_\_\_ .  SAVINGS \_\_\_\_\_\_\_\_\_\_\_. |
| ABA NUMBER (9 DIGITS): |
| ACCOUNT NUMBER: |

|  |  |
| --- | --- |
| SIGNATURE OF CONTACT PERSON: | |
| TITLE OF CONTACT PERSON: | DATE: |

Please submit the following required documents with this form to participate in the Sedgwick. ACH/Direct Deposit Payment:

* **Current W-9 form with valid Taxpayer ID/EIN number**
* **A voided check.**
* **A valid email address**
* **This complete form**

  £ I would like to get paid by ACH/Direct Deposit. Please complete the questionnaire above.

£ I would like to Opt Out of receiving ACH/direct Deposit Transaction and continue receiving payments via checks.

\* Once vendor is approved for direct deposit, there is no need to re-enroll in direct deposit to accept payment in a different claim.