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## Vendor/Owner File Information For ACH Transactions

*Please complete the following information and return by email ([APAdmin@kcdc.org](mailto:APAdmin@kcdc.org)); fax (865.594.0264); or U.S. Mail (901 Broadway, N.E. Knoxville, TN 37917-6699) along with a voided check. This information will allow us to establish an ACH transaction for payment purposes. By providing this information the vendor hereby agrees to ACH Direct Deposit payment.*

Employer Identification Number (EIN)  
or Social Security Number:

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Bank Routing Number:

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Telephone Number *(including Area Code)*:

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Bank Account Number:

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Name *(print or type)*:

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Company Name *(print or type)*:

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Address *(including Area Code)*:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_