

Instructions to complete UFMS Vendor Request Form State & Local Agency

Please follow these instructions when filling out this form:

- Box 1:** **Select New, Update, or Deactivate**
- Box 14:** **Vendor Name:** *Agency's name*
- Box 16:** **EIN/SSN/TIN:** *Agency's Tax Identification Number*
- Box 17:** **Street Address:** *Agency's street address*
- Box 18:** **City, State, Zip Code:** *Agency's city, state, and zip code*
- Box 19:** **Country:** *Country of address in box 17 and 18*
- Box 20:** **Email Address:** *Email address of the contact who will receive the eShare email notification that funds have been transferred to your agency*
- Box 21:** **Vendor Phone Number:** *Agency point of contact phone number*
- Box 22:** **Fax Number:** *Agency point of contact fax number, if available*
- Box 23:** **Contact Name:** *Agency point of contact name*
- Box 24:** **NCIC Code:** *Agency's NCIC code*
- 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:** *Agency 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.