

Vendor Request for Direct Deposit

Vendor Number:		
Company Name : Name on Bank Account:		
Account Change Cancel	Bank Name	☐ Business Account ☐ Personal Account
☐ Checking ☐ Savings	Routing Number (9 digits)	Account Number
JOHN DOE 123 MAIN STREET PH. (900)1000-00000 ANYTOWN, USA 12345 E PRY TO THE OWNER OF Anybank USA Anytown, USA	597 76-4/1049 DATE	
:123456789 123456 0597		
Verification of the account number and routing information MUST be supplied. e.g. a copy of a check, voided check or documentation from the bank (deposit slips can NOT be used). Should the information above not be correct or an account be closed, there could be a delay of 5 or more business days in order for the funds to be returned to MCS Valuations and any reimbursement(s) re-issued to me. MCS Valuations will not re-issue payment until all funds have been returned from an invalid account.		
Please provide an email address wh	nere check remittances should	be sent:
Signature of Owner		Date
\square I do not wish for my check to be	direct deposited, please issue	a paper check.