



141 East College Avenue
Decatur, GA 30030
Office of Accounting

New Vendor/Payee Information

(There must be a completed W-9 attached to this form.)

ALUMNA VOLUNTEERS: Complete ONLY the first two sections. List YOUR NAME, and the "Vendor." Do NOT sign this form.

Date: _____

Your Name (Vendor/Alum): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Name (same as above): _____

Contact Phone: _____ Email Address: _____

Department Requesting New Vendor: Alumnae Relations

Reason for New Vendor: Reimbursing alumna volunteer for Alumnae Weekend/Class Reunion Expenses

In order for an ACH (direct deposit) to be generated from Truist Bank on behalf of Agnes Scott College, please provide us with the following information:

Name of Bank: _____

Routing Number: _____

Account Number: _____

FOR OFFICE USE ONLY.

PLEASE PRINT THIS DOCUMENT AND OBTAIN THE NECESSARY SIGNATURES BELOW FROM COLLEGE STAFF.

X _____
Signature – Person Requesting New Vendor

X _____
Signature - Budget Manager

X _____
Signature – Supervisor of Budget Manager (One-Higher Level)