



Vendor Data Information (All blanks must be completed to be applicable)

Name _____

DBA _____

Physical Address _____

City _____ State _____ Zip _____

Remit to Address: _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email: _____

Social Security # or Tax ID # _____ 1099 Yes ___ No ___

Direct Deposit Authorization (ACH Credit) Information required to complete the vendor setup process.

I, _____

authorize SkillsUSA, Inc to send an ACH credit to the account indicated below.

Account Type: Checking _____ or Savings _____ **AND** Personal _____ or Business _____

Bank Name _____

Bank Routing # _____

Account # _____

Remittance Email(s) _____

Signature _____

Date _____

SkillsUSA School Chapter ID# _____

Upload this form here: <https://bit.ly/2zRsJNi>

Email: Sutterback@skillsusa.org

Fax: 703-777-8999

Mail: 14001 SkillsUSA Way, Leesburg, VA 20176

Office Use Only

Entered by: _____ Approved by: _____

Date: _____ Date: _____