



**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: <http://bit.ly/3ifhE0z>

Email: [Sutterback@skillsusa.org](mailto:Sutterback@skillsusa.org)

Fax: 703-777-8999

Mail: 14001 SkillsUSA Way, Leesburg, VA 20176

*Office Use Only*

Entered by: \_\_\_\_\_ Approved by: \_\_\_\_\_

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