

VENDOR DIRECT DEPOSIT INFORMATION REQUEST

The following banking information is required to setup the direct deposit services for processing your vendor payments. Please complete and email to office@linealcontracting.com or fax to 812-275-6706

Vendor Name: _____

Vendor email: _____

Vendor contact phone number: _____

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

Signature: _____