

NEW VENDOR AND ELECTRONIC PAYMENT REQUEST FORM



This form must be completed and re-submitted for any future bank account updates and/or changes. Vendors include, but are not limited to, vendors, suppliers, independent contractors, and acquisition targets.

Location/Vendor Legal Name: _____
Location/Vendor Legal Name must match with what is listed on W9

Location/Vendor (DBA) Name: _____

Physical Address: _____

PO Box: _____ **City:** _____

State: _____ **Zip:** _____

Mailing Address: _____

If different than physical address

PO Box: _____ **City:** _____

State: _____ **Zip:** _____

Phone #: _____

FEIN/SSN Number: _____ **W9 Completed and Attached:** _____

Bank Name: _____ **Account Type:** ☐ **Checking** ☐ **Savings**

***Routing (ACH)#:** _____ **Routing (Wire)#:** _____

*Voided check, bank letter, or similar verification required if payment requested via ACH

Bank Account #: _____ **Bank Account Institution:** _____

Signature: _____ **Date:** _____

Print Name: _____

(hereinafter referred to as "Location/Vendor") authorizes Accel Entertainment Gaming, LLC and its affiliates, subsidiaries, etc., or any authorized, designated assignee, to initiate ACH transfer entries and to credit the account identified herein. The authorization shall remain in effect unless and until Accel Entertainment Gaming, LLC has received written notice from Location/Vendor that this authorization has been terminated in such time and manner to allow Accel Entertainment Gaming, LLC to act. Location/Vendor agrees to provide a voided check or any other documentation required to grant authority to Accel Entertainment Gaming, LLC or a third party to credit account.

Location/Vendor further agrees to comply with all electronic- fund-transfer network rules, regulations, and requirements.

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ACCOUNTING USE ONLY

Subsidiary: _____

Department: _____ **Location:** _____

Class: _____ **GL Account:** _____

Payment Terms: _____

Approver: _____ **Date:** _____

CAR Completed: _____