

GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS



Mailing Address:  
2314 Kronprindsens Gade  
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

Street Address:  
76 Kronprindsens Gade  
Charlotte Amalie, VI 00802

**ACH / ELECTRONIC PAYMENTS VENDOR REQUEST FORM**

**Purpose:** This form, along with the proper supporting documentation (i.e., Bank Slip and/or canceled check), is used to process and update vendor file records to reflect ACH / Electronic payments.

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**SECTION A: (To Be Completed By Vendor or Department)**

Vendor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_ EIN Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Type of Account: Checking / Saving  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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For DOF Use Only

**SECTION B: (To Be Completed By DOF Payroll)**

Date Request Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**SECTION C: (To Be Completed By DOF Treasury)**

Date Request Received: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_