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| Sappi North AmericaELECTRONIC PAYMENT TRADING PARTNER ENROLLMENT FORM |
| YOUR Business Contact Information |
| Date requested: |
| Company name: |
| Person to contact: |
| Phone: | eMail: |
| Registered company address: |
| City: | State: | ZIP code: |
| Social security number: | IRS Taxpayer ID# |
| Your financial institution |
| Attach voided copy of check. Deposit slips are NOT valid. If you do not have checks for your account (ie lockbox, savings, etc), you will need to provide a photocopy of the top portion of your bank statement showing your account number and name on account. |
| Institution name: |
| Primary business address: |
| City: | State: | ZIP code: |
| Person to contact: |
| Telephone: | eMail: |
| Bank transit routing #: |
| Account number to receive payments: |
| Name on account: |
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| 1. Our electronic payment to you will include electronic transmission of remittance data via CTX format to your financial institution.
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