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| Sappi North America ELECTRONIC 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: | | | | | | |
|  | | | | | | |
| 1. Our electronic payment to you will include electronic transmission of remittance data via CTX format to your financial institution. | | | | | | |