

**EDI/EFT VENDOR PAYMENT PROFILE
UT-Battelle, LLC**



Request Type:	New Profile	Modify Profile	Delete Profile
----------------------	--------------------	-----------------------	-----------------------

VENDOR INFORMATION

(If addresses are incorrect, please attach request for address change)

Name:	Check Remittance Name:
Address:	Address:
Contact:	Contact Address:
Phone #:	Fax #:
E-mail Address:	

RECEIVING FINANCIAL INSTITUTION

Bank Name:	T/R#:
Account #:	Phone #:
Contact:	Account Type: (Checking DDA) Savings

ORNL INFORMATION

Vendor Code:	ACH Payment Format:	CTX	CCD
Vendor Purchase Order Numbers:			
Transportation Vendor:	Yes	No	ORNL Procurement Rep.: Phone:

ADVICE/FORMAT

A) CTX Payment & Remittance Advice to your bank using and ASC X12 820 B) CCD Payment to your bank and Remittance Advice sent to you via Fax or E-mail
--

UT-Battelle, LLC - *(Originator)*

Vendor:

- *(Receiver)*

By:

By:

Title:

Title:

Date:

Date: