

VENDOR PAYMENT OPTIONS & INFORMATION UPDATE FORM



Date: _____

Initial: Change:

Please return this completed form by email to: **CE-vendors@harsco.com**. You will receive a phone call to confirm receipt of the completed form and verify the last four digits of your account number.

Vendor Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Payment Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

A/R Dept. Phone: _____ Ext. #: _____ A/R Contact Name: _____

A/R Email Address: _____ Website Address: _____

Payment Options:

ACH (preferred payment method): Yes No

If yes, please provide the following details:

Bank Name: _____ Name on Account: _____

Bank Account #: _____ ABA (Routing #): _____

Email address to which to send ACH remit advice: _____