

Vendor Enrollment Form

1. Vendor/Payee Information										
Company Name										
Company Address										
City		State		Zip code						
Country										
Remit to Address (Leave blank if the same as company address)										
City		State		Zip code						
Country										
Contact Name										
Contact Email										
Remittance Email										
Federal Tax ID #										
Check all that apply	<input type="checkbox"/>	Minority-Owned	<input type="checkbox"/>	LGBTQ-Owned	<input type="checkbox"/>	Woman-Owned				
	<input type="checkbox"/>	Disabled-Owned	<input type="checkbox"/>	Veteran-Owned	<input type="checkbox"/>	Other:				
Preferred Payment Method	<input type="checkbox"/>	Check	<input type="checkbox"/>	ACH	<input type="checkbox"/>	Wire				
2. Financial Institution Information										
*Fill out this section if the preferred payment method is ACH/Wire										
Bank Name										
Bank Address										
City		State		Zip code						
Country										
Account Holder Name										
Account Number										
ABA Routing Number										
SWIFT Code/BIC										
Sort Code										
IBAN										
Transit Number(Canada)										
Type of Account	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings						
3. Authorization										
<p>I certify that the information provided on this form is correct, and I hereby authorize Visit San Antonio to electronically deposit payments to the bank account designated above. I understand that I must notify Visit San Antonio in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Visit San Antonio has received written notification requesting a change or cancellation.</p>										
Authorized Signature								Date:		
<p>*Return this form and copy of W-9 by mail to: Visit San Antonio, Accounting Dept., 110 Losoya St., San Antonio, TX 78205</p>										