



# Vendor Payment Instructions Form

Please complete this form to add, change, or delete vendor payment instructions only for your account. Please allow one (1) business day for the instructions to be added by MMDT Participant Services.

## 1. Participant Information

Participant Name	Participant ID Number	Date

## 2. Vendor Payment Instructions

**Note:** To ensure proper settlement  validate your bank accepts ACH  
 confirm the Vendor Name below matches the Bank Account Registration

### Instruction 1

Add       Change       Delete

Vendor Name	Bank Name
ABA Number	Bank Account Number
Pool Number	MMDT Account Number
<input type="checkbox"/> Wire	<input type="checkbox"/> ACH <input type="checkbox"/> Both

### Instruction 2

Add       Change       Delete

Vendor Name	Bank Name
ABA Number	Bank Account Number
Pool Number	MMDT Account Number
<input type="checkbox"/> Wire	<input type="checkbox"/> ACH <input type="checkbox"/> Both

## 3. Signature

**Note:** This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT.

By signing below, I authorize MMDT and its transfer agent to act on any instructions believed to be genuine for any service authorized on this form. Provided reasonable processes are used to confirm the instructions are genuine, I agree that Federated Hermes, Inc., MMDT, its transfer agent, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions.

Authorized Representative Signature	Date
Printed Name	Telephone Number

#### 4. Delivery Instructions

Please return this document to **MMDT Participant Services:**

**Email:** [MMDTParticipantServices@FederatedHermes.com](mailto:MMDTParticipantServices@FederatedHermes.com)

**Fax:** 1-617-235-7171

**Mail:** MMDT Participant Services  
P.O. Box 219712  
Kansas City, MO 64121-9712