



# 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.*

**\* Required Fields**

## 1. Participant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Name*	Participant ID Number*	Date*

## 2. Vendor Payment Instructions

### Instruction 1

- Add       Change       Delete

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

### Instruction 2

- Add       Change       Delete

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

### Instruction 3

- Add       Change       Delete

<input type="text"/>	<input type="text"/>
Vendor Name*	Bank Name
<input type="text"/>	<input type="text"/>
ABA Number	Bank Account Number
<input type="text"/>	<input type="text"/>
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.

Authorized Representative Signature\*

Date\*

Printed Name\*

Telephone Number\*

### 4. Mailing Instructions

The completed Vendor Payment Instructions Form can be faxed to MMDT Participant Services at 1-617-235-7171, or mailed to:

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