Electronic Payments

To ensure prompt payment please fill out this form and send to Fax: 888-371-3080 or Email: vendors@nvoicepay.com

Check the type(s) of payment you accept for invoices. (Please check all that apply.)						
	☐ Master0	Card 🔲 Visa	☐ American Expres	s 🔲 Direc	☐ Direct Deposit	
PLEASE PRINT IN CAPITAL LETTERS ONLY Remittance Email Address: Please tell us where you would like us to email payments.						
Complete this section: PLEASE PRINT CLEARLY						
Vendor	Name:					
Vendor Address:						
City, St	tate, Zip Code:					
Contac	t Name:					
Contac	t Phone Number:	-	_ -	·		
Contac	t Email Address:					
Federa	l Tax ID Number:				9514082663790	

Please attach a copy of a voided check or typed bank information on company or bank letterhead (including bank name, account type, ABA routing number, and account number) if you wish to receive Direct Deposit (ACH) Payments. Note: We cannot accept handwritten banking information or deposit slips. An email confirmation from Nvoicepay will follow enrollment.

If you have questions call Nvoicepay at 877-626-6332.



