

DOI Vendor/Owner ACH Payment Request Form

Email completed forms to: <u>PermianDOI@enlink.com</u> or fax completed forms to: Accounting at 713-739-3346

	DOI Vendors that request payment in d EnLink Vendor Maintenance Form.	the form of an ACH. For all other vendor
(Existing PeopleSoft Vendor ID)		
VENDOR/OWNER NAME:		
VENDOR/OWNER BANK ACH II	NFORMATION	
Bank Name:		
BANK ID (ABA or Routing Nur	mber):	
Bank Account Number:		
Bank Contact Info:		
PLEASE ATTACH A BLANK VOIDED CHECK WITH THIS FORM.		
VENDOR/OWNER REMITTANC	E OPTION	
Remit Statement by Email Email Address:		
Remit Statement by Fax Fax Number: No Remittance Required:		
COMMENTS		
SIGNATURF:		DATE:
OPERATIONS ACCTNG USE ONLY		
		Deviance d Dom
MGR APPROVAL:		
ENTERED BY:	DATE:	Approved By: