

## URBN 5000 S. Broad Street | Philadelphia, PA 19112

## **ACH Vendor Enrollment Form**

	VENDOR INFORMAT	ION
VENDOR NAME		VENDOR NUMBER
VENDOR ADDRESS (number, stre	et, box number)	I
VENDOR ADDRESS (city, state and	d ZIP code)	
CONTACT PERSON	EMAIL ADDRESS	CONTACT TELEPHONE
	FINANCIAL INSTITUTION INF	ORMATION
RECEIVING BANK NAME		
BANK ADDRESS (number, str	eet, box number)	
BANK ADDRESS (city, state a	nd ZIP code)	
NAME ON BANK ACCOUNT		
NINE-DIGIT ROUT	TING TRANSIT NUMBER - For ACH payments only.	BANK ACCOUNT NUMBER
REMITTANCE EMAIL ADDRESS	S (mandatory)	
A REMITTANCE WILL BE EMAILED	WITH PAYMENT DETAILS	
Security Questions –Require	ed for Changes Must provide at least 3 answers	
Vendor Number		
Last 4 digits of current b	ank account number	
Amount of last payment	received from Urban Outfitters	
One of the last 5 purcha	se order numbers issued to your company	
One of the last 5 invoice	numbers submitted to Urban Outfitters	
D 1 1 11 11	1 1 20 00 120 0 27 0 0	

Bank accounts will not be changed without the ability to verify the request

If you should have any questions regarding this form, please contact your AP Representative.