

- To set-up first time account*.
- To modify existing bank/account information*
- To be cancelled bank name: _____ *

***NOTE: Complete all information below and return as directed.**

Please initiate payments to: _____
Payee Name

Have you confirmed with your bank that they can accept Corporate Trade Exchange format? Yes No

Your Bank Account Information:

Name On Account: _____

Name Of Bank: _____

Bank Transit Routing No. (Obtain From Your Bank): _____

Bank Office Location (Address): _____

Your Account Number: _____

To receive invoice remittance detail breakdown of your payment, please ask your bank if they will translate AN 820 (ANSI x.12 Version 3020) transaction and provide it to you: Yes No

If your bank will not do this, you will not receive any invoice remittance detail information.

Remit to address where Xerox would send a check to: _____

RETURN TO:
Xerox Corporation
P.O. Box 20420
Rochester, New York 14602-0420

Attn: Financial Services EFT Desk
Phone: (585) 427-5418
FAX #: (585) 216-2408

Payee Contact Signature

Please Print Contact Name

Title

Phone #