

Archrock

Accounts Payable EFT Payment Form

New Set Up Change Request

Supplier Information

Supplier Name	
Federal Tax ID No	
Address	
City/State/Zip	
Bank Letter Requirement	<input type="checkbox"/> Attached – Required for all ACH & Wire set up requests, and must include Supplier Name, Funding Account on Bank Letterhead which includes a contact name & phone no.

ACH

Bank Name	
Branch Address	
ABA Routing No	
Account Name	
Account No	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Remittance Email	

Wire Transfer (Must be pre-approved)

Bank Name	
Branch Address	
ABA/BIC/SWIFT	
Account Name	
Account No/IBAN	

I certify that I have provided verification in the form of a bank letter for the depository information listed above. I authorize Archrock to contact the bank or Supplier to validate the data contained within this form or the submitted bank letter.

Signature: _____ Date: _____

Print Name: _____ Business Title: _____

Direct Phone No: _____ Email: _____

This form is to be completed by the Supplier and returned to Supplier.Maint@Archrock.com.