



Date: _____

Vendor ACH Setup Form

MC#: _____

Business Name: _____

Factor Name: _____

Remit To Address: _____

City: _____ State: _____ Zip: _____

Banking Details:(ACH Payment)

Account Name: _____

ABA (Routing)Number: _____

Account Number: _____

Email Address(s) (Remittance Details): _____

Accounts Receivable/Billing Department Contact Information

Name: _____ Office Phone & Ext.: _____

Email: _____ Position: _____

Authorized Signature: _____

Position: _____

Date: _____

Important: Please provide a copy of a voided check or a signed letter confirming banking details is required for ACH vendor setup.

Completed forms can be sent to: ap@platinumcargo.com for setup and processing.

For any questions or concerns please call at 720-500-2444

FOR PLATINUM CARGO CORPORATE USE ONLY:

VERIFIED BY: _____ DATE: _____

Updated: 05/25/2023