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BANK WIRE TRANSFER INSTRUCTIONS

Vendors: Please complete this form to receive payment by bank wire transfer, directly to your account.

Vendor Name: _____

Vendor's Customer: _____



Bank Name: _____

Bank ABA Routing # (*for wires*) _____ (9-Digits)

Bank Phone: _____

Name of Bank Contact (if available): _____

If Applicable: For Further Credit to Bank Name: _____
If Applicable: For Further Credit to Bank Account _____

Account Name Listed As: _____

Bank Account #: _____

Vendor's Phone #: _____

Vendor's Address: _____



Prepared By: _____

Vendor Representative (print): _____ Date: _____

Phone: _____ Email: _____

VENDORS: PLEASE FAX THIS FORM TO YOUR CUSTOMER

(Customer will submit to First Capital with their completed Payment Request authorization)