

**RECURRING PAYMENT REQUEST FORM**

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

Payment Amount\*: \$ \_\_\_\_\_ Approver\*: \_\_\_\_\_

G/L Account Number\*: \_\_\_\_\_ G/L Description: \_\_\_\_\_

Division\*: \_\_\_\_\_ Department\*: \_\_\_\_\_

Purpose: \_\_\_\_\_

Start Date\*: \_\_\_\_\_ End Date: \_\_\_\_\_

Due Date\*: \_\_\_\_\_ Frequency\*: \_\_\_\_\_

Payment Type:      ACH                      Wire                      Check                      Credit Card

Special Instructions: \_\_\_\_\_

**\* Required Field***Note: If this is a new vendor, request will not be processed until W-9 and New Vendor Setup form is received by accounting.*