



FOR DIRECT DEPOSIT PAYMENTS PLEASE MAIL OR FAX COMPLETED FORM AND VOID CHECK TO:

**ATTENTION: Finance Department – Spill Source
1598 Highway 16 North, Denver NC 28037
FAX: 866.610**

Company Information:

Company Name: _____

Contact Name: _____ Title/Position: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____ Date: _____

Payment Information

To ensure accuracy of our account information, we require you to **attach a void check** and complete the following financial information:

Name of Financial Institution: _____

Address of Financial Institution: _____

Account Information:

Bank Code (3 digits): _____

Branch Transit (5 digits): _____

Account Number: _____

Remittance Information:

Please indicate how you would prefer to receive your payment details.
(Please check one)

E-mail address (one only) _____

Postal Mail

No Invoice Necessary