Bank of America

ACH/EDI Services
Trading Partner Maintenance Request Form

## To be completed by Retail Trading Partner

**1. Retail Trading Partner Information**

Company Name _____
Company Address _____
_____
_____
Contact Name _____
Contact Phone _____
Contact Fax _____

**2. Retail Trading Partner Bank Information**

Bank Name _____
Bank Address _____
_____
_____
Contact Name _____
Contract Phone _____
Contact Fax _____

**3. Bank Account Number** _____

**4. Bank ABA Routing Number** _____

**5. Delivery Information Option** - How do you want to receive information about your delivery? (The default is "**From Your Bank**")

☐ From the Driver ☐ Electronic (Bank of America will contact you for additional information) ☐ From Your Bank

If you checked Electronic or From Your Bank, do you want item level detail? ☐ Yes ☐ No

**6. Authorization**

_____ Print Name _____ Signature _____ Date

Attach Retail Trading Partner Voided Check

## To be completed by Wholesaler

**1. Wholesaler Clearing Account at Bank of America**

Clearing Account Number _____
Clearing Account Title _____

**2. Retailer Identification Code** _____ (1515 No.)

**3. Authorization**

_____ Print Name _____ Signature _____ Date

**Wholesaler - Please fax to: Bank of America, ACH/EDI Services, Attn: *A-B Electronic Commerce* Coordinator, Fax Number 415-436-3759**

Bank of America - Member FDIC