UNICOR, Federal Prison Industries, Inc.

ACH Vendor/Miscellaneous Payment Enrollment Form

Company:					
Physical Address:					
City:		State:		Zip:	
Contact:					
Email Address:					
Accounts Recievable Email:					
Telephone:		Fax:			

Company: (please check one)	Large: ☐ Disadvantaged: ☐ Service Disabled: ☐	Small ☐ Woman Owned ☐ Veteran Owned ☐

Does UNICOR Pay Shipping?	Yes: ☐	No: ☐
	Our preference is always FOB Destination (freight included in price)* *FOB DST helps with accurate and timely payment as well*	

SAM UEI NUMBER:	
TAX Identification # (TIN):	
Nine Digit Routing Transit Number:	
Depositor Account Title:	
Depositor Account Number:	
Financial Institution Name:	

Registered And Current In System For Award Management -	Yes: ☐	No: ☐
	This is a Federal wide mandatory reuiqrement that is free to enroll (not required for credit card vendors) Once enrolled you will have to anually update your profile when prompted via email. https://www.sam.gov	