



SSOE Group

1001 Madison Ave.
Toledo, Oh 43604
419.255.3830 T
419.255.4241 F
www.ssoe.com

Dear Vendor,

Please indicate which type of payment option you would like: Credit Card or Electric Fund Transfer. Please complete this form and return to SSOE Group. All information will remain confidential.

SSOE, Group
Electronic Vendor Payment Form/ CC payments

Credit card payment

ACH payment

PLEASE PRINT RESPONSES NEATLY

COMPANY/SUPPLIER INFORMATION

Name: _____

Taxpayer Identification Number: _____

Accounts Receivable Contact Name: _____

Phone Number: _____ Fax Number: _____

Remittance information:

Send remittance information to email address:

E-mail Address: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Address: _____

Phone Number: _____

Wire ABA Routing Number (nine digits): _____

Account Number: _____

Type of Account: Checking Savings

Completed forms can be emailed to: Payables@ssoe.com
Questions should be directed to: Mattie Oliver 419-469-1917