



Vendor Payment Instructions Form

Please allow one (1) business day for the instructions to be added by MMDT Participant Services.

Note: This form is for adding, changing, and deleting Vendor Instructions only.

* Required Fields

1. Participant Information

Participant Name*	Participant ID Number*	Date*
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2. Vendor Payment Instructions

Instruction 1

Add Change Delete

Vendor Name*	Bank Name
ABA Number	Bank Account Number
Pool Number	MMDT Account Number

Wire ACH Both

Instruction 2

Add Change Delete

Vendor Name*	Bank Name
ABA Number	Bank Account Number
Pool Number	MMDT Account Number

Wire ACH Both

Instruction 3

Add Change Delete

Vendor Name*	Bank Name
ABA Number	Bank Account Number
Pool Number	MMDT Account Number

Wire ACH Both

3. Signature

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT.

Authorized Representative Signature*

Date*

Printed Name*

Telephone Number*

4. Mailing Instructions

The completed Vendor Payment Instructions Form can be faxed to MMDT Participant Services at 1-617-235-7171, or mailed to:

MMDT Participant Services
P.O. Box 219712
Kansas City, MO 64121-9712