



OLYMPIC
BENEFITS TRUST

Automated Clearing House (ACH) Vendor Information Request

Business and Contact Information

Business Name:		
Contact Name:		
Telephone Number:		
Contact Address:		
City:	State:	Zip Code:
Country:		
E-Mail Address:		

Bank Information

Bank Name:
Bank Address:
Account Holder Name:
Swift Code:
Routing Number:
Account Number: