Preferred Remittance Transmission:
(PLEASE CHECK ONE)

☐ **without** invoice line item detail (**CCD**)

☐ **with** invoice line item detail (**CTX: Non EDI**) ˣ

** Your bank must be able to read and deliver a __free form__ CTX: **Non** EDI format addenda '7' record. Please
check with your financial institution before selecting this option.*

For questions, please contact the EFT Administrator at upayables@unnpp.gov

*Please do NOT send in this form until the purchase order is signed. If updating your banking, fill in all fields
that need updated.*

Section I: Supplier Information
Accounts Receivable Payment Site Information*

Full Company Name _____

Accounts Receivable Address _____

_____

_____

Accounts Receivable Contact _____

Phone Number _____

E-Mail Address/Fax Number _____

** If there are multiple Accounts Receivable sites applicable to your organization, provide
a separate P-306 for each Accounts Receivable site.*

Section II: Banking Information

Depository (Bank) Name _____

Depository (Bank) Address _____

_____

Bank Contact Name _____

Bank Contact Phone Number _____

ACH (EFT) Information ONLY. DO NOT Provide Wire Information.

Deposit Account Title _____

Bank Routing/Transit or ABA Number (9 digits) _____

Deposit Account Number _____

Type of Account   Checking ☐   Savings ☐

I hereby authorize Fluor Marine Propulsion, LLC (FMP) to initiate credit entries to the above bank account for the
payment of invoices due to the Supplier indicated. In the event of an overpayment, the Supplier agrees to issue a
refund to FMP either by their company check or by a return ACH transfer initiated through their bank. Additionally, I
understand that in the event the above account should be closed or I determine that payment should not be
deposited into the above account, it will be my responsibility to notify FMP Accounts Payable in a timely manner to
have the deposits discontinued.

_____   _____   _____   _____

Authorized Agent Name   Title   Signature   Date