



Summit Pointe
140 W. Michigan Ave
Battle Creek, MI 49017
Providernetwork@summitpointe.org
Phone: 269.966.1460
Fax: 269.966.2844

VENDOR INFORMATION:

Payee Information			
Payee Legal Name:		Payee DBA	
Contact Name:		Contact Phone #:	
SSN or Federal ID #:		Payment Terms:	
Mailing address for written communication:			

****PLEASE ATTACH A CURRENT W-9 FORM TO THIS FORM****

ACH AUTHORIZATION:

By completing this section of the vendor form, you are authorizing Calhoun County Community Mental Health Authority DBA Summit Pointe to initiate electronic payments into your bank account. You are also authorizing Summit Pointe to initiate corrections/reversals in the event that an incorrect payment was processed. I understand this authorization remains in effect until canceled in writing by: 1) an authorized representative of our organization, 2) the financial institution, or 3) Summit Pointe. Written cancellation can be provided to providernetwork@summitpointe.org

Bank Information			
Name of Financial Institution:		Name on Account:	
Account #:		Routing #:	
Remit email address(es) for ACH payments:			

Name(s): *Please print*

Title:

Authorized Signature

Date

Internal Use Only:

Vendor ID: _____ 1099 Category : _____ (list reason): _____