ELECTRONIC PAYMENT DATA SHEET
For Receipt of EFT Payments from NEXCOM

Rev 1/15/2008

Date _____ Duns # _____

Your Company Name _____

and Address _____

_____

Did you assign NEXCOM an internal company number? If yes please add here:_____

PART A

Your Receiving Bank Name _____

Your Receiving Bank Address _____

_____

Your Account Number _____

Your Receiving Bank's ____ ____ ____ ____ ____ ____ ____ ____ ____

Routing Number (ABA#) or SWIFT code (if applicable)

ACH Format: CTX Checking ____ Saving ____

PART B

Persons authorized to change this Data Sheet

Name	Signature	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART C **REMITTANCE ADVICE**

Note: Some financial institutions will provide remittance advice (details) to you for an additional fee. If you are unable to receive remittance advice from your bank, you may select one of the following methods to receive this information from us:

_____ EDI [V]: Qualifier ___ Sender/Receiver ID _____ Van _____ IBM acct _____ User ID _____

contact editechnicalsupport@nexweb.org for testing 820 document

_____ FAX [F] Fax number _____ Contact name _____

_____ Email [E] Email address _____ Contact phone # _____

NEXCOM 820 specifications can be found on our web site: www.navy-nex.com

Qualifier: 08 Sender/Receiver ID: 9252671859 VAN: Inovis Acct: R0654 User ID: R0654ED

Registration Acknowledgment

I hereby acknowledge that the information provided is current, accurate and complete as of the date of this submission.

_____ _____ _____

Print Name Telephone No. Date

_____

Signature

Fax this form to: ATTN: _____ *
FAX (757) 631-_____*
Voice (757) 631-_____*

Mailing Address: Navy Exchange Service Command
3280 Virginia Beach Blvd.
Virginia Beach, VA 23452-5724
Attn: _____

* K/M ASSOCIATE IS TO FILL IN NAME, FAX, & PH OF SENDER