

**EDI/EFT VENDOR PROFILE**  
**Consolidated Nuclear Security, LLC (CNS)**

<b>REQUEST TYPE</b>	<input type="checkbox"/> NEW PROFILE	<input type="checkbox"/> MODIFY PROFILE	<input type="checkbox"/> DELETE PROFILE
<b>VENDOR INFORMATION</b>			
NAME	<b>CHECK REMITTANCE (IN CASE OF EFT FAILURE)</b>		
	NAME		
ADDRESS	ADDRESS		
CONTACT	TAXPAYER ID NUMBER		
PHONE	E-MAIL ADDRESS		
<b>RECEIVING FINANCIAL INSTITUTION</b>			
BANK NAME	BANK CONTACT		
BANK ADDRESS (CITY AND STATE)	BANK CONTACT PHONE NUMBER		
ROUTING & TRANSIT NUMBER (RTN)	ACCOUNT TYPE		
BANK ACCOUNT NUMBER	<input type="checkbox"/> CHECKING (DDA) <input type="checkbox"/> OR SAVINGS		
<b>CNS/BANK INFORMATION</b>			
VENDOR CODE	ACH PAYMENT FORMAT		
	<input type="checkbox"/> CTX <input type="checkbox"/> CCD+		
VENDOR PURCHASE ORDER NUMBERS (PROVIDE 1-3)			
TRANSPORTATION VENDOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	CNS BUYER	PHONE
<b>ADVISE FORMAT</b>			
<input type="checkbox"/>	A) NACHA FORMATTED CTX PAYMENT AND REMITTANCE ADVICE TO YOUR BANK USING ASC X12 820 VERSION 4010.		
<input type="checkbox"/>	B) NACHA FORMATTED CCD PAYMENT TO YOUR BANK AND REMITTANCE ADVICE E-MAILED DIRECTLY TO YOU FROM CNS		
<b>VENDOR (RECEIVER)</b>		<b>CNS (ORIGINATOR)</b>	
BY (SIGNATURE)		BY	
TITLE		TITLE	
		<b>Treasury Services Representative</b>	
DATE		DATE	
		DATE ENTERED IN SAP	
		DATE VERIFIED	

ALL FIELDS IN BOLD LETTERING ARE REQUIRED

**For questions regarding electronic deposits or for assistance with this form call (865) 241-3489.**

**FAX FORM TO: (865) 241-4947**