Vendor Name				
Legal Company Name (if different than above):				
Please Select Option:		dicated Card cure Email Deliver	ŷ	
Acknowledgement:	the ability to	process a credit	dit card product and re- card transaction in orc receive a physical cred	ler to
Physical Address:				
City:				
State:				
Zip Code:				
Contact Name:				
Contact Title:				
Contact Phone:				
*Remittance Email(s):				
CVV2 Required:	Yes	No	Wha	at is this?

\*This is either a Receivable Department email or designated person to process card transaction payments. This email address will receive a link to the card account details required to transact the payment. We recommend a shared distribution group email box and not a single recipient.

Please contact the University of North Carolina at Greensboro enrollment team by email at <u>virtualpayables-supplierenrollment@bofa.com</u> with questions or for further assistance.

To learn more about how Virtual Payables works and the many benefits of accepting payments by credit card, or to review frequently asked questions, go to: <u>http://www.bofaml.com/virtualpayables</u>.

Thank you in advance for supporting our program.