

**TCAP
Wiring Instructions**

To: ADFA – Accounting Dept.
Acct: ADFA TCAP

Bank Name and City: _____

ABA/Routing No.: _____

Account No.: _____

Account Name: _____

Name of Recipient: _____

By: Authorized Representative

**Exchange
Wiring Instructions**

To: ADFA – Accounting Dept.
Acct: ADFA Exchange

Bank Name and City: _____

ABA/Routing No.: _____

Account No.: _____

Account Name: _____

Name of Recipient: _____

By: Authorized Representative

ADFA New Vendor Set-up

This form is to be submitted with your completed IRS W-9 form.

Remit to:	
Name	_____
Address	_____
City, State	_____
Zip	_____
Contact Name	_____
Telephone	_____

In accordance with Arkansas Act 1814 of 2003, please provide us your minority status. This act requires our agency to report all minority owned business to the Governor, the Co-chairs of the Legislative Council and the Minority Business Advisory Council for informational purposes only for inclusion in or procurement process.

Minority Indicator:	
<input type="checkbox"/> N/A	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, not Hispanic
<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Hispanic