



Sutter Health Accounts Payable Department ePayment Enrollment Form

Please fill out all sections of this form for enrollment into ePayment options for Virtual Credit Card Payment (Commerce Bank) or Cardless Push Payment (AMEX). Email the completed form to S3CCAPSCO@sutterhealth.org. For questions regarding completion of this form, please contact the Sutter Health Shared Services Center at 1-916-297-9300.

Vendor Information	
Vendor Name	
Vendor Tax ID Number (TIN)	
Vendor Number (if applicable)	
Street Address	
City, State and Zip	
Telephone Number	
Email Address	
Fax Number	
Payment Option	Virtual Credit Card Payment (Commerce Bank) Cardless Push Payment (AMEX)
Submission Date	
Signature	

Sutter Health Internal Use Only

Finance Approver Name (Print): _____ Date: _____

Finance Approver Signature: _____ Date: _____