

Progressive Supplier Set-Up Request for EFT (Electronic Funds Transfer)

Suppliers please complete the form below in its entirety. This information will be used to verify the information you provided on your company is complete and accurate within our Supplier Master prior to granting you access to our iSupplier portal where you will enter your banking information to convert your payments from Draft to EFT.

Once you have submitted this form Progressive will issue you a User ID and a Password to access iSupplier. We will also provide you with a User Training Manual that will outline the instructions on how to enter your banking information, manage your banking information and view your invoices and payments.

How to Submit this Form

You may save a copy of this form for yourself after completion. To submit the form click on the Submit by Email button in the top right-hand corner. You will be prompted to select an Email Client, (Desktop or Internet). If you choose Desktop the form will automatically attach itself to an Email and be ready to send. If you choose Internet you will be prompted to save a copy of the form and submit the form through your Internet Provider via an Email attachment. Please use the subject line of Supplier Request for EFT when submitting your completed form this way. Send the form to isuppliersupport@progressive.com.

If you have any questions regarding the completion of this form or otherwise, send an Email to isuppliersupport@progressive.com.

Supplier Legal Name (name on W9)

Supplier Doing Business As Name

Organization Type (choose from list)

Tax Identification/Social Security Number (TIN/SS)

Physical Address (cannot be a PO Box)

City

State

Zip

Bill To Address (choose same as physical address, if not different)

City

State

Zip

Email Address

This Email will be used to register you with access to iSupplier, Progressive's Supplier Self-Service Portal

EFT Email Address

This Email address will be used to send your EFT Remittance Advice.

Phone Number

Authorized User: First and Last Name

*Person Responsible for reviewing financial transactions

For Progressive Supplier Maintenance Use ONLY

Oracle Supplier #

Oracle Supplier Name

Date Entered

Oracle Supplier Site ID #

Completed By

Please attach one of the following forms of bank account verification if the supplier wishes to receive electronic payment. Acceptable forms of verification include a voided check, bank letter, or top portion of bank statement.

I certify the above information is true and correct, and that as an authorized representative for the Supplier, I hereby authorize Progressive Insurance to electronically deposit payments on the designated bank account provided herein. Banking information will remain in effect on the Supplier's account until a notification is received from the Supplier to change/or terminate the Banking Information.

Authorized User Signature (Same as Above Only) _____

Date Signed _____