



**VENDOR / MISCELLANEOUS PAYMENT  
ENROLLMENT AND AUTHORIZATION FORM**

*BWX Technologies, Inc. and its subsidiaries and affiliates ("BWXT") have instituted changes in the collection of banking information in order to protect against fraudulent attempts to access banking information or redirect payments.*

**ALL FIELDS MUST BE COMPLETED AS NOTED**

<b>REQUEST TYPE:</b>	New Banking Information	Change Existing Banking Information
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VENDOR INFORMATION		
VENDOR NAME <i>(FULL LEGAL NAME)</i>		
ADDRESS		
ADDRESS		
CITY	STATE / PROVINCE	POSTAL / ZIP CODE
COUNTRY	TAXPAYER ID #	
PHONE #	E-MAIL ADDRESS *	
CONTRACT / PO #	VENDOR # (if known)	
CONTACT NAME		
CONTACT PHONE #	CONTACT E-MAIL ADDRESS	

*\* E-mail address for payment notifications / remittance advices*

BANKING INFORMATION		
BANK NAME		
BANK ADDRESS		
BANK ADDRESS		
CITY	STATE / PROVINCE	POSTAL / ZIP CODE
COUNTRY		
BANK ROUTING / TRANSIT #	BANK BIC / SWIFT CODE	
CORRESPONDENT / INTERMEDIARY BANK NAME <i>(if applicable)</i>		
BIC / SWIFT CODE <i>(if applicable)</i>	ACCOUNT NUMBER <i>(if applicable)</i>	

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<b>BANKING INFORMATION (continued)</b>			
ACCOUNT NAME			
ACCOUNT NUMBER (IBAN, if applicable)			
LOCKBOX NUMBER (if applicable)			
ACCOUNT TYPE	Checking / Current	Savings	Lockbox
ACCOUNT CURRENCY (ISO Code)			

**If 'Change Existing Banking Information' selected above, complete the following IN FULL:**

PREVIOUS BANK NAME		
PREVIOUS BANK ACCOUNT NUMBER		
PREVIOUS PO NUMBER	PREVIOUS INVOICE NUMBER	PREVIOUS INVOICE AMOUNT

I/we hereby authorize BWX Technologies, Inc. or any of its subsidiaries or affiliates ("BWXT") to execute payments by electronic funds transfer (EFT) to the bank and account indicated above (the "Account"). Such EFTs will be processed to settle outstanding invoices and payment obligations, unless I/we terminate this agreement in writing. Any such termination shall become effective following receipt by BWXT of such written termination after BWXT has had reasonable opportunity to act upon such notice. In the event BWXT erroneously remits funds to the Account, for any reason, I/we hereby authorize BWXT to debit the Account for an amount not to exceed the original amount of the erroneous remittance.

By signing this form, you certify that:

1. You are an authorized representative of (the "Company") who has the authority to provide, or to instruct changes to, banking information for the Company.
2. The banking information provided above is true and correct as of the date set forth below.
3. Upon request by BWXT for an independent verification of the banking information provided above, an authorized representative of the Company will provide such information as reasonably requested by BWXT to authenticate the banking information provided above.

SIGNATURE	
NAME	TITLE
DATE	PHONE

<b>BWXT INTERNAL USE ONLY</b>	
CALLBACK VERIFICATION COMPLETED BY	DATE
CONTACT NAME	CONTACT TITLE
CONTACT PHONE	CONTACT EMAIL
<b>Wire Transfer ONLY – Instructions to BWXT Corporate Treasury</b>	
ACCOUNTS PAYABLE REQUESTED BY	DATE
ACCOUNTS PAYABLE APPROVED BY	DATE