

## **ELECTRONIC PAYMENTS INITIATIVE**

### **FREQUENTLY ASKED QUESTIONS**

#### **How do I benefit from receiving Electronic Payments?**

Electronic payments allow you to 1) eliminate the risk of mailing delays, 2) have immediate availability to funds, 3) avoid the hassle of travel time to deposit checks, and 4) avoid having to wait for clearance.

#### **How can I eliminate waste and save time and money?**

Automated Clearinghouse (ACH) payments are deposited directly into your bank account electronically.

#### **How can I enroll in the Automated Clearinghouse (ACH) Program?**

To enroll in the ACH program, complete Section A of the enclosed ACH Enrollment form. Forward the enrollment form to your branch manager or other banking official at your financial institution to verify the ACH account information for your company and complete Section B. Return the completed and signed form to the same agency that currently receives your invoices. If you maintain more than one bank account that receives deposits from the District of Columbia, a separate form must be completed for each account.

#### **What is the ACH Process?**

When a completed and signed application is received by the District agency, your company's information will be updated to include your banking data and change your payment method from check to ACH.

#### **What is the effective date for the ACH payment enrollment?**

Upon enrollment, you should begin receiving ACH payments in your next payment cycle; however, depending on when your enrollment form is processed it may take two payment cycles for you to begin receiving ACH payments.

#### **How do I change my ACH information?**

To change account information, simply complete an ACH Vendor Payment Enrollment form, indicating in Section A "Correction/Change". Forward the document to your financial institution for completion and return it to your paying agency for processing.

#### **How do I cancel ACH participation?**

To cancel your ACH participation, complete an ACH Vendor Payment Enrollment form, indicating in Section A "Cancellation" or send a letter to your paying agency.

#### **Who do I contact with status inquiries?**

Kindly contact the Business Center in Accounts Payable Department at OCFO Education Cluster at (202) 442-5300 or [DCPS.Invoices@dc.gov](mailto:DCPS.Invoices@dc.gov). To ensure proper handling of your request, please include "Invoice Submission" or "Status Request" in the subject of your e-mail message.

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

Check the box that applies:

New Form

Correction/Change

Cancellation

Vendor/Payee/Company Information

Vendor Name*	_____	EIN or SSN*	_____
Vendor Number*	_____		
Address*	_____		
Vendor Contact Name*	_____	Vendor Contact Phone Number*	_____
		Alternative Phone Number	_____

**\*Required Information**

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor  
(Please type or print)

\_\_\_\_\_

Signature of Authorizing Company Official for Vendor

\_\_\_\_\_

Date

\_\_\_\_\_

## ACH VENDOR PAYMENT ENROLLMENT FORM

### Section B

*Payments should be made to the depository account named below*

<b>Bank/Financial Institution Information</b> (to be reviewed and signed by Vendor's Financial Institution)																																
Bank/Financial Institution Name _____	Account Title _____	Phone Number _____																														
Branch Address _____ _____																																
9-digit Transit Routing Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											Account Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																			
Bank's ACH Coordinator _____	Telephone Number _____																															
Type of Account (check)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings																															
Signature & Title of Banking Official _____																																
Print Name & Title _____																																
<b>Notice: All vendors must have a W-9 on file with the District of Columbia</b>																																