**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*

|  |
| --- |
| **Bank/Financial Institution Information****(to be reviewed and signed by Vendor's Financial Institution)** |
| Bank/Financial Institution Name |  | Account Title |  |
| Branch Address |  | Phone Number |  |
|  |  |  |
|  |  |
| 9-digit Transit Routing Number |  |  |  |  |  |  |  |  |  | Account Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank's ACH Coordinator |  | Telephone Number |  |
| Type of Account (check) | ▫Checking | ▫Savings |  |
| Signature & Title of Banking Official  |  |
| Print Name & Title |  |
|  |  |  |  |

**Notice: All vendors must have a W-9 on file with the District of Columbia**