



## ACH Payment Enrollment Form

Type of Transaction:       **NEW**                       **CHANGE**                       **CANCEL**

### SECTION 1 (To be completed by the supplier.) *Please Print!*

<b>Supplier Name</b>	SSN , TIN or Employee id:	<b>Telephone Number:</b>																													
<b>Name &amp; Address of Financial Institution:</b>		<b>Account Type:</b> (Select One)  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Checking</span> <span>Savings</span> </div>																													
<b>Bank Routing Number:</b> (Contact your Financial Institution for this information)		<b>Account Number:</b> (Please <b>VERIFY</b> with your Financial Institution!)																													
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>												<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			

#### **Supplier Certification**

I certify that I have read and understood the lower portion of this form. By signing and/or submitting this form, I authorize payments to be

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