

**AUTOMATED CLEARING HOUSE (ACH) PAYMENTS
VENDOR ENROLLMENT FORM**

VENDOR INFORMATION

VENDOR NAME _____

REMIT TO ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

YOUR COMPANY'S ACH CONTACT INFORMATION

NAME - ACH COORDINATOR: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

The ACH Coordinator is a representative from your company that we may call in the event that we have questions when processing your ACH information.

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

ADDRESS: _____

NINE-DIGIT TRANSIT ROUTING / ABA NUMBER: _____

BANK ACCOUNT NUMBER: _____

LEGAL ACCOUNT TITLE: _____

PERSONAL OR BUSINESS ACCT: _____

VENDOR PRIMARY E-MAIL: _____

VENDOR FAX#: _____

WHAT FORMS OF REMITTANCE ADVICE WOULD YOUR ORGANIZATION PREFER (circle selection)

Email

Fax