

ACH VENDOR PAYMENT ENROLLMENT FORM

For agency use only:
PASS-generated VM
_____

Section A

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

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* _____

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*	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature & Title of Banking Official *	_____
Print Name & Title*	_____

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