

# ACH Enrollment Form

## **BANK INFORMATION:**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Vendor's Account  
Number \_\_\_\_\_

Bank Administrative Contact \_\_\_\_\_

## **VENDOR INFORMATION:**

Vendor Name \_\_\_\_\_

Vendor Address \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_