

ACH FORM¹

Please check one of the	e following:				
□NEW ACH INFO		□ CHANGE ACH INFO			□ CANCEL ACH
VENDOR INFORMATIO	N				
NAME					
ADDRESS					
CONTACT NAME					
EMAIL ADDRESS					
PHONE NUMBER					
FINANCIAL INSTITUTIO	ON INFORMATIO	N			
NAME ON BANK ACCO	UNT				
BANK NAME					
BANK ADDRESS					
BANK ACCOUNT #					
9-DIGIT ROUTING (ABA	A) #				
TYPE OF ACCOUNT	□сне	CKING SA	AVINGS		
	YOUR NAME 1234 Main Street Anywhere, OH 0000 PAY TO THE ORDER OF		DATE\$	123	
	ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER		

 $^{^{1}}$ It is the vendor's responsibility to update this information with the City's Finance department.



ACH FORM CON'T

APPROVAL

I authorize the City of Aledo (City) to deposit by electronic transfer payments owed and if necessary, debit entries and adjustment for any amounts deposited electronically in error. The City shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed and/or my payments may be erroneously transferred electronically. I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and as they exist on the date of my signature on this form. My signature below certifies that I am an authorized representative of the vendor named on the W-9.

VENDOR NAME						
AUTHORIZED SIGNATURE	PRINTED NAME/TITLE	DATE				
	INTERNAL USE ONLY					
VENDOR#						
DATE RECEIVED						
DATE ENTERED						
DESCRIPTION OF DUE DILIGENCE						
UPDATED BY						
APPROVED BY						