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| For agency use only: |
| PASS-generated VM # _____ |

ACH VENDOR PAYMENT ENROLLMENT FORM

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 | |