



GOVERNMENT OF THE DISTRICT OF COLUMBIA
AUTOMATED CLEARING HOUSE (ACH)/DIRECT DEPOSIT
AUTHORIZATION FOR ELECTRONIC PAYMENTS TO SUPPLIERS

Type of authorization (select one only):

- ☐ **NEW:** Enter all banking information requested below and submit this form. *(Complete lines 1-14 and 18-21)*
- ☐ **CHANGE/CORRECTION:** Complete this form by entering changes to the financial institution, account number, or type of account; and submit the completed form. Do not close your old bank account until electronic payments are received in your new account. *(Complete all lines)*
- ☐ **CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form. *(Complete lines 1-8, 15-17 and 18-21)*

Please complete all sections of this Enrollment Form that are relevant to your application and attach a voided check OR a letter signed by your bank Automated Clearing House (ACH) coordinator, confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable.

Please type or print legibly. PAYEE INFORMATION	The number below is: <input type="checkbox"/> Social Security No.(SSN) <input type="checkbox"/> Federal Employer No.(FEIN)
1. Payee Name	2. SSN or FEIN (Last four digits)
3. Mailing Address	4. City, State, ZIP Code
5. Payee E-mail Address	6. Administrative Contact Name and Title
7. Remittance Email Address (Email for Payment Details)	8. Administrative Contact Telephone Number
NEW – Complete 9-14	OLD BANK ACCOUNT INFORMATION (For Changes) – Complete 15-17
9. Financial Institution Name	15. Financial Institution Name
10. ABA/Routing Number	16. ABA/Routing Number
11. Account Number	17. Account Number for Deposit of Electronic Funds Transfer
12. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
13. Financial Institution Telephone Number	
14. Financial Institution Address	

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Office of Chief Financial Officer to register the payee for ACH payment using the information contained in this enrollment form. I agree to receive all vendor/supplier payments from the District of Columbia by electronic funds transfer according to the terms of the ACH program. I agree to return to the District of Columbia any ACH payment incorrectly disbursed to my account by the District of Columbia. I agree to hold harmless the District of Columbia and its agencies and departments for any delays or errors caused by inaccurate or outdated enrollment information or by the financial institution listed above.

18. Print or Type Name of Payee or Payee's Authorized Signatory	19. Title of Authorized Signatory
20. Signature of Payee or Payee's Authorized Signatory	21. Date