

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 _____	
<b>Notice: All vendors must have a W-9 on file with the District of Columbia</b>	