



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

**Type of authorization** (select one only):

**VALIDATE EXISTING BANK ACCOUNT:** Enter all information requested below for supplier's existing bank account and submit the form. (Complete lines 1-14 and 18-21)

**NEW:** Enter all information requested below for a new bank account not currently on the supplier's record 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 (dated within the last 90 days) 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. <b>PAYEE INFORMATION</b>	The number below is: Social Security No.(SSN)      Federal Employer No.(FEIN)
1. Payee Name <i>(Must match DIFS profile name and voided check/letter.)</i>	2. SSN or FEIN (Last four digits)
3. Mailing Address	4. City, State, ZIP Code
5. Payee Email Address	6. Administrative Contact Name and Title
7. Remittance Email Address (Email for Payment Details)	8. Administrative Contact Telephone Number
<b>NEW or EXISTING INFORMATION</b> – Complete 9-14	<b>OLD BANK ACCOUNT INFORMATION</b> (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)      Checking      Savings	<p><b>Important:</b></p> <ul style="list-style-type: none"> <li><i>In DIFS, Supplier <b>bank account information expires every 3 years</b> and will automatically be deactivated on the expiration date, unless a Validate, New, or Change authorization is submitted and approved before expiration.</i></li> <li><i><b>Payee Name (Field 1)</b> must match the DIFS profile name (shown as Company Name) and the name on the voided check/bank letter.</i></li> </ul>
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 (Select and use one signature method below.)  E-sign, draw, or type your signature.	21. Date  Print and sign hard copy.