Vendor ACH Payment Enrollment Form

This form is used for the Automated Clearing House (ACH) payments to provide payment related information to your financial institution.

PAYEE / COMPANY INFORMATION

Company Name:	
Current Mailing Address:	
Social Security or Tax Payer ID (required):	Contact Person:
Phone #:	Fax #:
Email Address (for ACH payment remittance):	

FINANCIAL INSTITUTION INFORMATION

Name:
Address:
Nine-digit Routing Transit Number (usually the first set of nine-digit numbers at the bottom of check):
Account Number:
Type of Account (check one): ☐ Checking ☐ Savings

Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

Please return to Accounts Payable via email – accountspayable@mtnlakes.org