

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* _____
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	