DIRECT DEPOSIT REQUIRED. Return to DCCAH completed **ONLY** if 1st time recipient, currently not using direct deposit to begin service or if changed from previous entry.

ACH VENDOR PAYMENT ENROLLMENT FORM

For agency use only:
PASS-generated VM # _____

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* ☐ Checking ☐ Savings

Signature & Title of Banking Official * _____

Print Name & Title* _____

Notice: All vendors must have a W-9 on file with the District of Columbia

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