

Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following: New Change

PAYEE / COMPANY INFORMATION

Name:	
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Home Telephone:	Mobile Telephone:
Work Telephone:	Email Address:

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check):	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

A **voided check** must accompany this form in order to receive payments electronically. A **Social Security Number or Taxpayer ID** is required for vendor verification. An **email address** is recommended to participate in this program.

Send this form and voided check to:
 City of Clarksville
 Attn: Accounts Payable
 P.O. Box 928
 Clarksville, TN 37041

If you have any questions, please email
Schuyler.Frazier@CityofClarksville.com