

# Vendor ACH Payment Enrollment Form



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

Email notifications with payment details will be sent to you in advance of all deposits.

Please check one of the following: \_\_\_\_\_ New \_\_\_\_\_ Change

## PAYEE / COMPANY INFORMATION

Name:	
Current Mailing Address:	
Social Security or Taxpayer ID:	Contact Person Name:
Telephone:	Email Address for Purchase Orders:
Email Address: (REQUIRED FOR PAYMENT NOTIFICATIONS)	

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

A **voided check (or copy)** must accompany this form. A **Social Security Number** or **Taxpayer ID** is used for vendor verification. An **email address** is required to participate in this program.

Send this form and voided check to:

**OR**

Form and voided check image  
may be emailed to:

Stevens Point Public School District A n:  
Accounts Payable  
1900 Polk Street  
Stevens Point, WI 54481

Accountspayable@pointschools.net