

Vendor ACH Setup

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Original Request

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Amendment/Change Request

Vendor Information:

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Federal ID # or Social Security # _____

1099 Contractor:

☐

YES

☐

NO

PERA Retiree:

☐

YES

☐

NO

Payment Notification contact:

Email Address: _____

Financial Institution Information:

Vendor Name as on account _____

Bank Name _____

Bank Phone Number _____

Bank Address _____

Bank Account # _____

Account Type: ☐ Checking ☐ Savings

ACH Routing # (9 digits)

(Note: ACH routing # may be different from a voided check, please confirm with your bank)

Authorization Signature:

I certify that I am authorized to act on behalf of the Company above, and I authorize Adams 12 Five Star Schools (District) to initiate electronic credit entries for the purpose of payment via Automated Clearing House (ACH) to the account listed above. Payments made electronically will be timed so funds are made available no later than they would otherwise have been made available. I authorize and request the Bank to accept any credit entry initiated by the District without responsibility for the correctness thereof. I understand that I am responsible for the accuracy of the information provided above and any change requests must be received by Accounts Payable two weeks in advance of the effective change date.

Official Name: _____ Title: _____

Signature: _____ Date: _____

Return completed form via one the following forms of transmission:

Email to: AD12AccountsPayable@adams12.org

Fax to: 720-972-4169

US Mail to: Adams 12 Five Star Schools
Accounts Payable
1500 E 128th Ave
Thornton, CO 80241