



GOVERNMENT OF THE DISTRICT OF COLUMBIA
AUTOMATED CLEARING HOUSE (ACH)/DIRECT DEPOSIT
AUTHORIZATION FOR VENDOR PAYMENTS

Type of authorization (select one only):

- NEW:** Enter all banking information requested below and submit this form. *(Complete lines 1-13 and 17-22)*
- CHANGE/CORRECTION:** Complete this form by entering changes to the financial institution, account number, or type of account; and submit the completed form. Do not close your old bank account until electronic payments are received in your new account. *(Complete all lines)*
- CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form. *(Complete lines 1-7, 14-16 and 17-22)*

Please complete all sections of this Enrollment Form that are relevant to your application and attach either a voided check OR a letter signed by your bank Automated Clearing House (ACH) coordinator, confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable.

Send completed form and supplemental documentation to: achsupport@dc.gov

Please type or print legibly. PAYEE INFORMATION	The number below is: <input type="checkbox"/> Social Security No.(SSN) <input type="checkbox"/> Federal Employer No.(FEIN)
1. Payee Name	2. SSN or FEIN (Last four digits)
3. Mailing Address	4. City, State, ZIP Code
5. E-mail address	
6. Authorized Organizational Representative (AOR) and Title	7. AOR's Contact Number
NEW – Complete 8-13	OLD BANK ACCOUNT INFORMATION (For Changes) – Complete 14-16
8. Financial Institution Name	14. Financial Institution Name
9. ABA/Routing Number	15. ABA/Routing Number
10. Account Number	16. Account Number for Deposit of Electronic Funds Transfer
11. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
12. Financial Institution Telephone Number	
13. Financial Institution Address	

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Office of Chief Financial Officer to register the payee for ACH payment using the information contained in this registration form. I agree to receive all vendor payments from the District of Columbia by electronic funds transfer according to the terms of the ACH program. I agree to return to the District of Columbia any ACH payment incorrectly disbursed, to my account by the District of Columbia. I agree to hold harmless the District of Columbia and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

17. Print or Type Name of Payee or Payee's Authorized Signatory	18. Title of Authorized Signatory
19. Signature of Payee or Payee's Authorized Signatory	20. Date

ADMINISTRATIVE USE ONLY

PCOE Input and Verification By: _____
OFOS Phone Verification Date : _____

OFOS Email Verification Date: _____
OFOS Mail Code Added Date: _____

Version 3, Effective date 6.19.2020