

ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the Alabama Community College System Office to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

VENDOR INFORMATION				
	NAME:			
	FEDERAL I.D.#:			
	WEBSITE:			
PHYSIC	CAL ADDRESS:			
	CITY:	_STATE:	ZIP	
MAILIN	IG ADDRESS:			
	CITY:	_STATE:	ZIP	
REMIT	ADDRESS:			
	CITY:	_ STATE:	ZIP	
CONTACT NAME:				
	PHONE:	EXT:	_	
	EMAIL:		_	
FINANCIAL INSTITUTION INFORMATION				
	(9) DIGIT ROUTING NUMBER:			
	DEPOSITOR ACCOUNT NUMBER:			
	TYPE OF ACCOUNT: CHECKING SAVINGS			
	ACH COORDINATOR NAME:			
	ACH COORDINATOR PHONE:			
REQUESTING AGENCY INFORMATION				
	NAME: Alabama Community College System			
	ADDRESS: P.O. Box 302130, Montgomery, AL 36130-2130			
	CONTACT NAME: Robin Head	PHONE: <u>334.293.4623</u>	_	
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Please return to: Alabama Community College System Office C/O Fiscal Services – Vendors 135 South Union Street PO Box 302130 Montgomery, AL 36130-2130 Or Email: FiscalServices@accs.edu

Fax: 334.293.4504 Attention: Fiscal Services – Vendors