ACH VENDOR/ AUTOMATED PAYMENT
ENROLLMENT FORM

This form is used to establish Automated Clearing House (ACH) payments. When payments are made as a result of submitting this form, such payments will be automatically deposited to the account indicated. A remittance advice will be mailed to the address shown in the "Payee/Company Information" section. The remittance advice will contain the same information as that contained on a check stub, i.e. voucher number, invoice number and invoice amount. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH system.

The completed form must be submitted to the Montgomery County Department of Finance, Accounts Payable Office, 101 Monroe Street, Room 804, Rockville, MD 20850 two weeks prior to initial ACH transfer.

PAYEE / COMPANY INFORMATION		
PAYEE NAME		SSN NO OR TAYPAYER ID NUMBER
ADDRESS		
CITY	STATE	ZIP
CONTACT PERSON IF DIFFERENT FROM ABOVE		TELEPHONE
PAYEE/COMPANY AUTHORIZED SIGNATURE		
FINANCIAL INSTITUTION INFORMATION		
NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
NINE-DIGIT ROUTING TRANSIT NUMBER		
DEPOSITOR ACCOUNT TITLE		
DEPOSITOR ACCOUNT NUMBER		LOCKBOX NUMBER
TYPE OF ACCOUNT	☐ CHECKING	☐ SAVINGS