



**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 and will be transmitted via email. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH system.

The completed form must be submitted by the Supplier directly to the Montgomery County Department of Finance. Please email to [APSupplierMaintenance.Finance@montgomerycountymd.gov](mailto:APSupplierMaintenance.Finance@montgomerycountymd.gov). You can also mail the form directly to Montgomery County Government, Accounts Payable, 101 Monroe Street 8<sup>th</sup> Floor, Rockville, MD 20850.

<b>PAYEE / COMPANY INFORMATION</b>		
PAYEE NAME		SSN OR TAXPAYER ID NUMBER
COMPANY ADDRESS		
CITY	STATE	ZIP
PAYEE/COMPANY AUTHORIZED SIGNATURE		TELEPHONE
<b>EMAIL ADDRESS FOR REMITTANCE ADVICES</b>		
EMAIL ADDRESS		
<b>FINANCIAL INSTITUTION INFORMATION</b>		
NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
ACCOUNT NAME		
ACCOUNT NUMBER	ROUTING/ABA#	
TYPE OF ACCOUNT	CHECKING	SAVINGS