

This form is to be used for Accounts Payable Employee Reimbursements only!
 This is **not** to be used for Payroll enrollment or updates.



**ACH EMPLOYEE/ 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 Information" section. The remittance advice will contain the same information as that contained on a check stub, i.e. expense report number and 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.

EMPLOYEE INFORMATION		
EMPLOYEE NAME		EMPLOYEE ID NUMBER
ADDRESS		
CITY	STATE	ZIP
		TELEPHONE
EMPLOYEE SIGNATURE		
FINANCIAL INSTITUTION INFORMATION		
NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
NINE-DIGIT ROUTING TRANSIT NUMBER		
DEPOSITOR ACCOUNT TITLE		
DEPOSITOR ACCOUNT NUMBER		
TYPE OF ACCOUNT	CHECKING	SAVINGS