



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 Southern California Association of Governments (SCAG) 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. Recipients of the payments should bring this information to the attention of their financial institution when presenting this form for completion. Recipients should also request to be notified immediately regarding any change occurring at the financial institution that may delay or prevent the receipt of scheduled payments.

This Section to be completed by Vendor

VENDOR INFORMATION

NAME: _____

ADDRESS: _____

CONTACT NAME: _____

FEDERAL I.D.#: _____

A/R EMAIL ADDRESS: _____

I, the undersigned, authorize SCAG to deposit funds directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named below to post these transactions to that account. This authorization will remain in force until SCAG receives written notice of cancellation from me and SCAG has reasonable time to act upon it.

AUTHORIZED SIGNATURE / PRINT NAME / TITLE

This Section to be completed by Financial Institution (Bank)

FINANCIAL INSTITUTION INFORMATION

NAME: _____

ADDRESS: _____

ACH COORDINATOR NAME: _____

(9) DIGIT ROUTING NUMBER: _____

DEPOSITOR ACCOUNT TITLE: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

SIGNATURE & TITLE OF REPRESENTATIVE (_____) **PHONE NUMBER**