Automated Clearing House (ACH) Form

DELIVER TO:
ACCOUNTS PAYABLE OFFICE
VIA FAX# (817) 392-1982 **OR**
VIA EMAIL: PURCHASINGBSO@FORTWORTHTEXAS.GOV

RECEIVING BANK INFORMATION *(your bank)*

Choose One: □ **Savings** □ **Checking *(attach voided check)***

_____ _____
NAME OF BANK/FINANCIAL INSTITUTION BANK PHONE #

_____
BANK ADDRESS CITY, STATE ZIP CODE

_____ _____
ABA # (9 digit Routing #) ACCOUNT #

VENDOR INFORMATION

NOTE: A confirmation will be sent via email once setup is complete

_____
COMPANY NAME/ PAYEE

_____ _____
CFW VENDOR # (If known) BUSINESS PHONE #

_____ _____/_____
EMAIL ADDRESS (required for transfer notification) YOUR NAME/ PHONE #

SIGNATURE: _____ DATE: _____

I hereby authorize the City of Fort Worth to deposit my payment directly into the account named above. This authority will remain in force until I have given written notice that I have terminated it. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect amount is deposited into my account, I authorize the City of Fort Worth to adjust my account for the appropriate amount(s).

OFFICE USE ONLY

1. ENTER INTO ACH DATABASE COMPLETED: _____
2. CHANGE VENDOR'S ADDRESS TO ACH COMPLETED: _____
3. EDIT ALL PO INFO TO ACH TERM COMPLETED: _____
4. OPEN PO#_____
5. ACH SETUP COMPLETE COMPLETED BY: _____