



ACH Vendor/Payee Enrollment Application

230 Pioneer Street / PO Box 608
Ridgefield, WA 98642
Tel: (360) 887-3557 / Fax: (360) 887-0861
www.ridgefieldwa.us

FINANCE DEPARTMENT Email: finance@ridgefieldwa.us	
Select One: <input type="checkbox"/> Initial Setup <input type="checkbox"/> Change Account Info <input type="checkbox"/> Discontinue ACH Payment	
PAYEE INFORMATION	
VENDOR/PAYEE NAME (REQUIRED)	VENDOR NUMBER (ACCOUNTS PAYABLE TO ASSIGN)
ADDRESS (REQUIRED)	SSN OR FEIN (REQUIRED FOR VENDORS ONLY)
TELEPHONE NUMBER (REQUIRED) ()	VENDOR EMAIL ADDRESS (REQUIRED)
FINANCIAL INSTITUTION INFORMATION	
BANK NAME:	BANK ADDRESS:
NINE DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _	ACCOUNT NUMBER:
Account type: Must be checking account.	
AUTHORIZATION	
I authorize the City of Ridgefield and the financial institution listed above to deposit my payment automatically to my checking account each time a payment is made. If necessary, I further authorize the City of Ridgefield and the financial institution listed above to adjust or reverse a payment deposit that was made to my account in error. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford you a reasonable opportunity to act upon it. I will notify you immediately of any changes made to my checking account.	
SIGNATURE:	DATE:
Attach copy of voided check.	
ATTENTION	
This information will be used by the City of Ridgefield Finance Division, Accounts Payable Clerk to transmit payment data by electronic means to the vendor's financial institution.	