



Automated Clearing House (ACH) Form

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

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*****RECEIVING BANK INFORMATION*****

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

Name of Bank/Financial Institution

Bank Address City State Zip

Phone # of Bank

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

*****VENDOR INFORMATION*****

Vendor # *(if known)* Name of Company/Payee

Email Address *(required for transfer notices)* Phone #

Signature Date

❖ **Fax to (817) 392-7254** ❖

*****OFFICE USE ONLY*****

- | | |
|---|------------------|
| 1. Enter in ACH database | Completed: _____ |
| 2. Change vendor's addresses to reflect ACH | Completed: _____ |
| 3. Edit all PO's to reflect ACH term | Completed: _____ |
| 4. PO #'s affected: _____ | |

ACH Set-Up Completed: _____ **Time:** _____ **Initials:** _____