



## 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**