



## 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](http://www.ridgefieldwa.us)

### FINANCE DEPARTMENT

Email: [finance@ridgefieldwa.us](mailto:finance@ridgefieldwa.us)

Select One:  Initial Setup  Change Account Info  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:
<b>Attach copy of voided check.</b>	

### 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.