



**ACCOUNTS PAYABLE SECTION**  
**ACCOUNTING DEPARTMENT**  
808 W SPOKANE FALLS BLVD  
SPOKANE WA 99201-3304  
(509) 625-6020  
FAX (509) 625-6562  
[cbaird@spokanecity.org](mailto:cbaird@spokanecity.org) or  
[Accounting-ACH@spokanecity.org](mailto:Accounting-ACH@spokanecity.org)

## Accounts Payable Vendor ACH Enrollment Form

Company Name \_\_\_\_\_ (“Company”) and the City of Spokane  
 (“City”) enter into this ACH Origination “Agreement” on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The Company hereby authorizes the City to initiate credit entries to our checking account indicated below and the financial institution named below in order to facilitate deposit of invoice transaction payments on behalf of the Company.

BANK NAME \_\_\_\_\_

ROUTING/ABA# \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authorization may be revoked by either the City or the Company without cause provided the City has received written notification from the Company of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it. The City is not responsible for returned entries due to incorrect account or ABA routing numbers.

The Company agrees that the City may initiate debit entries to its account for corrections and adjustments in the event of erroneous transactions to the Company’s account.

PRINTED  
NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### **PLEASE ATTACH COPY OF VOIDED CHECK IF POSSIBLE**

**IT IS IMPORTANT THAT YOU PROVIDE AN E-MAIL ADDRESS SO THAT NOTIFICATION CAN BE SENT TO YOU REGARDING PAYMENTS BEING MADE TO YOUR ACCOUNT**

Company ACH contact Telephone number \_\_\_\_\_  
Company UBI # \_\_\_\_\_  
Company ACH confirmation email addresses \_\_\_\_\_  
(Confirmations may be sent to multiple people) \_\_\_\_\_

This section for City of Spokane use only	
Employee submitting this setup	Date _____ Name _____
ACH Record Setup	Date _____ Employee _____

**Please return the completed form to the email address, FAX or business address above.**