



ACCOUNTS PAYABLE SECTION
ACCOUNTING DEPARTMENT
 808 W. SPOKANE FALLS BLVD.
 SPOKANE, WASHINGTON 99201-3304
 (509) 625-6020
 FAX (509) 625-6939
 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, hereinafter called the “Depository,” in order to facilitate deposit of invoice transaction payments on behalf of the Company.

DEPOSITORY NAME _____
 DEPOSITORY BRANCH _____
 CITY, STATE and ZIP _____
 TRANSIT/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 FROM DEPOSITORY

THE FOLLOWING IS REQUIRED INFORMATION ABOUT YOUR COMPANY:

Company ACH contact Telephone number _____
 Company ACH confirmation email addresses _____
 (Confirmations may be sent to multiple people) _____

This section for City of Spokane use only		
ACH Record Setup	_____	Date _____ Employee _____
ACH Record Change	_____	Date _____ Employee _____
ACH Record Closed	_____	Date _____ Employee _____

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