



ACH Enrollment Form

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Printed version not controlled, refer to online document for current information.

AUTOMATED CLEARING HOUSE (ACH) REQUIREMENTS

Please complete and return the following information to Accounts Payable as soon as possible. Alternatively, you can also provide a copy of a voided check.

1. Payee (Full Legal Name): _____
2. Payee Address: _____

3. Contact Name: _____
4. Contact Title: _____
5. Contact Phone Number: _____
6. Contact E-mail Address: _____
7. Payment Advice (Remittance) E-mail Address: _____
8. Bank Name: _____
9. Bank Address: _____

10. Routing / Transit Number: _____
11. Account Number: _____
12. SWIFT Code (International Code): _____
13. Currency: _____

14. Prepared By (Print Name): _____
15. Signature: _____

16. Date: _____

**** Please note that if your banking information changes, it is important to notify our Accounts Payable department immediately to avoid delay of payment.**

John Smith
123 Some St.
Somewhere, OH 12345

0000

DATE September 1, 2009

PAY TO THE
ORDER OF The Car Company

\$ 150.24

One hundred fifty and 24/100

DOLLARS  Security features
included

Memo: _____

John Smith

⑆000000000⑆000000000000⑆000000

Routing/Transit #

Account #

Check #