



**AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM**

**Vendor Information:**

Vendor Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Remittance City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Banking Information:**

Vendor's Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type  
(please check only one)    Checking     Savings

**Vendor's Authorization:**

Please sign below to confirm that you are authorizing Tri-county Council for Southern Maryland to begin transferring payments for your invoices to the account mentioned above.

Signature	Title
( )	Date
Phone Number	

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Email/fax the form to Arlene Weaver at [aweaver@tccsmd.org](mailto:aweaver@tccsmd.org) or 301-274-1924.