

Vendor ACH Payment Enrollment Form

Signing up for Vendor Automated Clearing House (ACH) payments provide many benefits for our vendors:

Faster Payments

- › ACH payments can be credited to your account in less than three business days. Payments made through the U.S. Postal Service can take seven to ten days.
- › Banks do not hold ACH payments like they do checks. Your funds are available as soon as the ACH payment is credited to your account.

Fewer Hassles

- › ACH payments eliminate the need for paper checks and envelopes as well as the fuel and energy used to prepare and deliver checks.
- › Your ACH payment cannot be lost in the mail or sent to an outdated address.
- › You can receive immediate notification of each ACH payment (with remittance detail) sent to the email address you provide.
- › You will save time by not traveling to the bank or waiting in lines to deposit your check.

If you have any questions about Vendor ACH payments, please feel free to contact our Management team at 816-236-8200.

Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Note: Checks are negotiable for only 90 days (reduced from 180 days).

Please check one of the following: _____New _____Change

PAYEE / COMPANY INFORMATION

Name:	Vendor ID number (Optional):
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Home Telephone:	Mobile Telephone:
Work Telephone:	Email Address:

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check):	
Account Number:	
Type of Account: _____ Checking _____ Savings	
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

A **voided check** must accompany this form in order to receive payments electronically. A **Social Security Number or Taxpayer ID** is required for vendor verification. An **email address** is recommended to participate in this program.

Send this form and voided check to:

Housing Authority of the City of St. Joseph
Attn: Accounts Payable – Electronic Payment Enrollment
PO Box 1153
St. Joseph, MO 64502

OR

Form and voided check image
may be emailed to:

info@sja1.com