

# 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.

## VENDOR INFORMATION

New Request

Change Request

VENDOR NAME		TAXPAYER ID (required)		
ADDRESS	CITY	STATE	ZIP	
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER		
EMAIL ADDRESS (REQUIRED TO RECEIVE REMITTANCE)				

## FINANCIAL INSTITUTION INFORMATION

BANK NAME				
ADDRESS	CITY	STATE	ZIP	
ACCOUNT NAME	ACH ROUTING NUMBER (9 DIGITS)	ACCOUNT NUMBER		
ACCOUNT TYPE	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS		
OTHER INFORMATION (IF APPLICABLE)				

## AUTHORIZATION

NAME OF AUTHORIZED COMPANY OFFICIAL (Please Print)		
SIGNATURE (Required)	TITLE	DATE

A voided check copy is required with this form in order to verify deposit routing and ownership.

\* For new vendors, please include a current copy of Form W-9.

**Send this form and copy of voided check to:**

Form and voided check image  
may be emailed to:  
[vendor@aiemergency.com](mailto:vendor@aiemergency.com)

**OR**

AIE  
Attn: Accounts Payable  
3024 Wichita Court  
Fort Worth, TX 76140