**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 CCHMC to begin transferring payments for your invoices to the account mentioned above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Title |
| ( ) |  |  |
| Phone Number |  | Date |

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Upload this document via the Supplier Portal, or email/fax the form to ap@cchmc.org