



**ACH VENDOR / AUTOMATED
PAYMENT ENROLLMENT FORM**

This form is used to establish Automated Clearing House (ACH) payments. When payments are made as a result of submitting this form, funds will be automatically deposited to the account indicated. A remittance advice will be emailed to the email address shown in the "Email Address for Remittance Advices" section. The email remittance advice will contain the same information that is listed on a check stub, i.e. invoice number, invoice date and invoice amount. Failure to provide the requested accurate information may delay or prevent the receipt of payments through ACH.

The completed form must be submitted by the Supplier directly to the Montgomery County Department of Finance. Please email to APSupplierMaintenance.Finance@montgomerycountymd.gov. You can also mail the form directly to Montgomery County Government, Accounts Payable, 101 Monroe Street 8th Floor, Rockville, MD 20850.

For questions regarding the completion of this form, call 240-777-8850 or email the above listed email address.

PAYEE / COMPANY INFORMATION		
PAYEE NAME		SSN OR TAXPAYER ID NUMBER
COMPANY ADDRESS		
CITY	STATE	ZIP
PAYEE / COMPANY AUTHORIZED SIGNATURE		TELEPHONE
EMAIL ADDRESS FOR REMITTANCE ADVICES		
EMAIL ADDRESS		
FINANCIAL INSTITUTION INFORMATION		
NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
ACCOUNT NAME		
ACCOUNT NUMBER	ROUTING / ABA#	
TYPE OF ACCOUNT	CHECKING	SAVINGS

*This form requires the use of a digital signature. Adobe Acrobat is required to fill out this form which can be downloaded for free. Instructions on how to create a digital filter is provided when using Adobe Acrobat.