



VENDOR ACH PAYMENT ENROLLMENT FORM

Enrollment Type:

Indicate if you are enrolling your organization or Company for the first time, updating your enrollment for a banking change or canceling your enrollment. Please include your City Colleges of Chicago (CCC) Vendor/Supplier Number

Date	Please check one indicating the enrollment type		
	New	Update	Termination
CCC Vendor Number			

Financial Institution & Account Information:

Enter your Financial Institution Information. Indicate checking or savings. Only one box must be checked. If left blank it will be processed as checking. Enter the Routing Number and your Account Number.

Company/Employee Name _____	Company/Employee TIN/SS or Employee ID # _____
I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our)	
<input type="checkbox"/> Checking Account / <input type="checkbox"/> Savings Account (<i>select one</i>) indicated below at the depository financial institution named below, hereafter called Bank/Depository, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Bank/Depository Name _____ Branch _____	
City _____	State _____ Zip _____
ABA Routing Number _____	Account Number _____

Updating: Please provide the old Routing Number and the last 5 digits of your old Account Number below:

Old ABA Routing Number _____ Old Account Number _____

Vendor/Payee Information:

This authorization is to remain in full force and effect until City Colleges of Chicago has received written notification within 30 days from authorized representative of company its termination in such time and in such manner as to afford Company and Bank/Depository a reasonable opportunity to act on it.

SUPPLIER/EMPLOYEE INFO

Name(s) _____ Payee Contact Information Phone # _____

(Please Print)

Date _____ Signature _____

(Name)

(Title)

Company Address _____

City: _____, State: _____ Zip: _____

Payee Contact Information—Email _____

REMITTANCE CONTACT INFORMATION

Account Receivables/Employee Contact

Name(s) _____ Phone Number _____

(Please Print)

E-mail _____ Fax Number _____