

WOOD COUNTY AUDITOR

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.

Please check one of the following: _____ New _____ change

PAYEE /COMPANY INFORMATION

Name:	Wood County Vendor number:
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Home Telephone:	Mobile Telephone:
Work Telephone:	Email Address (required) (notification of ACH payment will be emailed):

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 also required to participate in this program.

Send this form and voided check to:

OR

Form and voided check image

Matthew Oestreich

may be emailed to:

Wood County Auditor

jdreier@co.wood.oh.us

PO Box 368

Bowling Green OH 43402