



SUPPLIER ACH PAYMENT AUTHORIZATION FORM

New Request

Account Change

Cancel

SUPPLIER INFORMATION		
1	NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	ACCOUNTS RECEIVABLE CONTACT NAME/TITLE	ACCOUNTS RECEIVABLE CONTACT PHONE
	BUSINESS EMAIL ADDRESS (for Remittance Advice)	EMPLOYER ID NO (EIN)
1a	MOST RECENT INVOICE # PAID BY PIERCE COUNTY (<i>Existing suppliers only</i>)	DATE OF MOST RECENT INVOICE PAID BY PIERCE COUNTY (<i>Existing suppliers only</i>)
PREVIOUS BANKING INFORMATION (ONLY REQUIRED FOR ACCOUNT CHANGE OR CANCELLATION)		
2	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER (ABA #)	ACCOUNT NUMBER
NEW BANKING INFORMATION		
3	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER (ABA)	ACCOUNT NUMBER
	ACCOUNT TYPE	CHECKING SAVINGS

IMPORTANT NOTE: The person signing the Authorization must be a designated officer and a person other than the contact listed above.

AUTHORIZATION		
4	I hereby authorize and request Pierce County to initiate credit entries for payee payments to the account designated in Section 3 of this form. I agree to abide by the National Automated Clearing House Association (NACHA) rules pertaining to these entries.	
	SIGNATURE	DATE
	PRINT NAME	TITLE

SUBMIT FORM AND CURRENT W-9 TO <u>ONE</u> OF THE FOLLOWING	
5	<p>EMAIL (preferred): pcacctspayable@piercecountywawa.gov</p> <p>MAIL: Pierce County Finance Department Attn: Accounts Payable 950 Fawcett Avenue, Suite 100 Tacoma, WA 98402</p>

PLEASE ALLOW 3 – 4 WEEKS FOR PROCESSING