



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

FORM SUBMITTAL

5	COMPLETE THIS FORM AND ATTACH A W9. IF A VOIDED CHECK IS ALSO PROVIDED, PROCESSING WILL BE FASTER. (The name on the check must match your name on this form AND the W-9 Form along with your banking information listed above). SEND TO pcpurchasing@piercecounitywa.gov
----------	---