



ACH Direct Payment Authorization

Payee Information

All fields in this section must be completed.

☐ New ACH Enrollment

☐ Revised ACH Enrollment

Payee Name

Taxpayer ID (TIN) or SSN

Email Address for Remittance Advice

Mailing Address (Number and Street)

City

State

Zip Code

Account Information

All fields in this section must be completed for a new or a revised ACH enrollment.

Financial Institution Name

Type of Account
Check only one

☐ Checking Account

☐ Savings Account

Financial Institution Address (Number and Street)

City

State

Zip Code

Routing Number (ABA)/Swift Code (9 digits)

Account Number

Your Name	0123
Your Address	
Your City, State, Zip	
Pay to the Order of	\$ <input type="text"/>
	Dollars
Your Bank	
Memo	
[012345678]	[0123456789] 0123
Routing Number	Account Number

Important:
Attach voided
check or
deposit slip to
verify account
and routing
number.

Authorization

All fields in this section must be completed. The City of Wilmington will not initiate an ACH Direct Payment without a signed and dated authorization.

I authorize the City of Wilmington to deposit warrant or check amounts electronically, via ACH, payments owed to me by the City of Wilmington, and if necessary, debit entries and adjustments for any amounts deposited electronically in error.

I understand and agree that the City of Wilmington is not responsible for deposit errors resulting from receipt of incorrect banking information or banking charges not communicated nor is the City of Wilmington responsible for any charges incurred as a result of receiving an ACH payment.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.

I certify that I am authorized to enter into this agreement on behalf of the payee and that the agreement will remain in full force and effect until the City of Wilmington receives notification of a change or cancellation. I agree to provide the City of Wilmington with a 30-day advance written notice of any change or cancellation.

Authorized By (print full name)

Authorizing Signature

Title

Date

Email

Phone

Return To

This ACH agreement must be fully completed, signed, and returned to **Finance - Procurement** along with a voided check or deposit slip, to the address below to initiate ACH processing setup. You will be established as an ACH vendor and all payments will be made via ACH upon completion.

Questions regarding this form or your ACH transactions should be directed to Finance - Procurement at the address/numbers below:

Finance - Procurement Division
Louis L. Redding City/County Building, 5th Floor
800 French Street
Wilmington, DE 19801-3537

Phone: 302-576-2423
Fax: 302-571-4283
Email: procurement@wilmingtonde.gov

INTERNAL USE ONLY

Date Received

Date Entered

Entered By

Approved By