

AUTOMATIC CLEARING HOUSE REQUEST FORM



Vendor

Employee

INSTRUCTIONS

1. Fill out this request form and include copy of a cancelled check, wire transfer or a deposit slip processed by the bank. The check or the deposit slip must have the route and transit number; and the account number printed at the bottom. **(Vendors only)**
2. In case of account information changes, you are required to notify it in writing to the Retirement Systems Administration, before submitting this form.
3. In case of overpayments incorrectly applied to your account, the Bank will debit the excess amount from your account to correct the error.

SECTION I: PERSONAL INFORMATION

| VENDOR'S INFORMATION | EMPLOYEE'S INFORMATION |
|----------------------------|------------------------|
| COMPANY NAME | NAME |
| | |
| EMPLOYERS SOCIAL INSURANCE | SOCIAL SECURITY NUMBER |
| | |
| CONTACT PERSON | OFFICE OR DIVISION |
| | |
| PHONE NUMBER | EXTENSION NUMBER |
| | |
| FAX NUMBER | PERSONAL PHONE NUMBER |
| | |
| E-MAIL ADDRESS | |
| | |
| POSTAL ADDRESS | |
| | |
| | |

SECTION II: ACCOUNT'S INFORMATION

| | |
|--------------------------|--|
| FINANCIAL INSTITUTION | ACCOUNT TYPE |
| | |
| ROUTING / TRANSIT NUMBER | ACCOUNT NUMBER |
| | <input type="checkbox"/> CHECK <input type="checkbox"/> SAVINGS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____ |
| | |
| VENDOR'S NAME | VENDOR'S SIGNATURE |
| | DATE (month/day/year) |

SECTION III: AGENCY USE ONLY

| BANK CODE _____ | |
|-----------------------------|-----------------------------|
| RECEIVED BY: | PROCESSED BY: |
| SIGNATURE _____ | SIGNATURE _____ |
| NAME _____ | NAME _____ |
| EMPLOYEE POSITION _____ | EMPLOYEE POSITION _____ |
| DATE (month/day/year) _____ | DATE (month/day/year) _____ |

Conservation: Equal to the file which it constitutes part.