

COUNTY OF PRINCE WILLIAM

Office of Housing and Community Development ACH Payments 15941 Donald Curtis Drive, Suite 112

WOODBRIDGE, VA 22191 Fax (703) 792-4386 (703) 792-7963

http://www.pwcgov.org/Housing

You may return this completed form to the above address for processing.

FINANCE DEPARTMENT Accounting Division Internal Use Only:

Vendor#
Entered by (initials)
Date

Thank you for your interest in the Prince William County (PWC) ACH payment program. ACH payments are electronically deposited directly into your bank account, saving you the time and cost of waiting for the mail and depositing checks. This program is free, fast, secure and easy. It is available to all registered Prince William County vendors and employees. If you have any questions regarding your electronic payment, please call (703) 792-7963. You may FAX your information to 703 792-4386 or e-mail to www.wilkins@pwcgov.org.

Vendor Name	0		aring House (ACH)) Credits	
SSN/ EIN	Remit Address	s 1			
Address 2		City	State	Zip	
I (Vendor) hereby authorize Checking Account Sarcalled Depository, and to consider the ABA routing not bottom left-hand corner of ABA number than bank chaccount number of your check. Please inclusive PLEASE ATTACH Anumber should be verified.	vings Account (selected the same to such a sumber* your checks or saving necks. *See below for course all the zeros precedity VOIDED CHECK	ect one) at the deaccount. gs deposit slip. ertain banks' ro These ing the numbers	These numbers are Note: Some savings de uting numbers. The numbers are the next ! Y OF A CHECK.*S	tution named below, he the first nine number eposit slips may have a group of numbers on the avings deposit slips AB.	ereinafter ers in the different ne bottom A routing
RT number and use that for A statement from your check. Check or statement is	bank, on bank lett	erhead, with			ı voided
If PWC funds to which I (Vereturn those funds. I (Vendor of U.S. Law and the rules set This authorization is to remark representative, in such time acknowledge that any remittata Notification of Payment ser	e) acknowledge that the or forth by the National Aut ain in full force and eff and in such manner as ance information associate	rigination of ACF omated Clearing fect until PWC I to afford PWC ed with payments	I transactions to my accou House Association (NAC) has received a notice of a reasonable opportunity that I (Vendor) receive w	ant must comply with the HA). termination from me, or to act on it. I (Vendo	provisions a vendor or) further
Does your company receive a Please check: Date	Yes No		_	_	
Print Name		Eprocurement	nt User Name (optional))	
Permanent Email address to (This email address shou employee, then employeer	ld be a company spe	ment cific email, suc	ch as accountsreceivab	le@company.com unle	ess PWC

Telephone

Contact Name (for email) _