

NECIC ACH PAYMENT ENROLLMENT FORM



This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Note: Checks are negotiable for only 90 days(reduced from 180 days).

Please check one of the following: New Change

PAYEE / COMPANY INFORMATION

Name:	
Current mailing address:	
Social Security Or Taxpayer ID(required) :	Contact Person Name:
Home Telephone:	Mobile Telephone:
Work Telephone:	Email Address:

FINANCIAL INSTITUTION INFORMATION

Name:
Address:
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of the check):
Account Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Name of Payee or Authorized Official(please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

A **voided check** must accompany this form in order to receive payments electronically. A **Social Security number** or **Taxpayer ID** is required for vendor verification. An **email address** is recommended to participate in this program.

Send this form and voided check to:

ATTN: Beth Reitler
NECIC
134 N. Main Street
MANSFIELD, OHIO 44902

Form and voided check image may be emailed to:

Admin@necic-ohio.org

