



CITY OF RICHMOND

900 East Broad Street, Room 1000
Richmond, VA 23219

ACH – DIRECT DEPOSIT FORM

PAYMENT INFORMATION

This form is used for Automated Clearing House (ACH) payments from the City of Richmond.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information will be used by the City of Richmond's Finance Department to transmit payment data, by electronic means, to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Payment System.

PAYEE / COMPANY INFORMATION

To be completed by payee

Request Type: <input type="checkbox"/> New <input type="checkbox"/> Change	COR Vendor Number <i>(given by Procurement's APA)</i>	
Name of Payee		
SSN No. or Tax Identification No.	Contact Person	
Address	Telephone Number ()	
City	State	Zip Code
		Email Address

FINANCIAL INSTITUTION INFORMATION

Name	Telephone Number ()
Address <i>(street or P.O. Box, City, State and Zip Code)</i>	
Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Depositor Account Title
Routing Number <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>—</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	Depositor Account Number

Printed name of Payee or Company Representative

Title

Signature of Payee or Company Representative

Date