2080 CITYGATE DRIVE COLUMBUS, OH 43219 614.445.3750 I <u>www.escco.org</u>

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:			
Vendor Name:			
Remittance Address:			
Remittance City:	State	::	Zip Code:
Contact Name:		Phone #:	
Email Address:			
Banking Information:			
Vendor's Bank Name:			
Bank Address:			
Bank's City:	State:		Zip Code:
Bank Contact Name:		Phone #:	
ABA Routing #:		Account #	t:
Account Type (please check only one)	Checking Savir	ngs 🗌	
Vendor's Authorization: Please sign below to confirm the invoices to the account mention		to begin transf	ferring payments for your
Signature		Title	
Phone Number		Date	
*Additional Verification: Pa	revious Bank Account # (if	applicable):	

Please submit the completed form check or a letter from your bank providing confirmation of your account information.