

INSTRUCTIONS FOR COMPLETING ACH/EFT ENROLLMENT FORM

GENERAL INSTRUCTIONS

IMPORTANT: When submitting a New or Change request, you **MUST** include a voided check or official Bank letter along with the completed form or the request will not be approved.

If all required fields in the form are not completed, the application will not be processed.

ACH enrollment and future transactions will be effective in 6-8 weeks after an application is received and approved.

SECTION 1: TO BE COMPLETED BY VENDOR

ACTION:

Check the appropriate box for this form submission

TAXPAYER ID TYPE

Check "FEIN" if you have an EIN # and are a partnership, corporation, or an LLC filing as one of these entities.

Check "SSN" if you are a sole proprietor or an LLC filing as a sole proprietor, or single member LLC.

(Note: Only provide an EIN number when the EIN was issued in the **sole proprietor's** name - NOT the name of the business.)

TAXPAYER ID NUMBER

Enter the EIN or SSN associated with the Legal name of the entity (EIN), or sole proprietor(SSN) or individual individual(SSN).

VENDOR NUMBER

If known, enter the vendor number that was assigned to the business by the City of Grand Rapids. (Optional)

LEGAL NAME OF ENTITY OR INDIVIDUAL

Individual - Enter your name (last name, first name and middle Initial)

Sole Proprietor - Enter owner's name (Last name, first name, Middle initial)

Corporation - Enter business name as it appears on the legal documentation signed with the IRS

Other - Enter the entity's name as filed with the IRS

VENDOR dba/PAYEE NAME

Individual - Enter your name (Last name, First name and Middle Initial)

Sole Proprietor - Enter the name of the business under which you're doing business (DBA)

Corporation - Enter the Doing Business As (DBA) name

Other - If the entity is doing business under as different name than the

Other - Enter the entity's name

VENDOR MAILING ADDRESS

Enter your mailing address.

TELEPHONE NUMBER

Enter the business telephone number with area code.

CITY, STATE, ZIP CODE

Enter your city, state and zip code for your mailing address.

VENDOR CONTACT INFORMATION

Provide the name and title of the individual who will be the primary EFT contact.

Provide the fax number of the individual who will be the primary EFT contact.

Provide the email of the individual who will be the primary EFT contact.

Provide the phone number of the individual who will be the primary EFT contact.

SECTION 2: TO BE COMPLETED BY VENDOR

FINANCIAL INSTITUTION NAME

Enter the information provided by your bank.

IF CHANGE:

If this is a request to change the account to which money will be deposited, please enter the name of your previous financial institution in the space provided.

ABA ROUTING NUMBER

Enter your Financial Institution's Routing number.

IF CHANGE:

If this is a request to change, please enter the previous routing number in the space provided.

ACCOUNT NUMBER

Enter your bank account number.

IF CHANGE:

If this is a request to change, please enter the previous bank account number in the space provided.

ACCOUNT TYPE

Please indicate the type of account (checking or savings).

SUPPORTING DOCUMENTATION - INCLUDED WITH APPLICATION

Indicate which type of documentation is being included with the application: Voided check or bank letter (**REQUIRED**)

SECTION 3: VENDOR AUTHORIZATION

Must be signed by the vendor or an authorized representative, before the application can be processed.

SECTION 4: MAILING INSTRUCTIONS

Submit the application in one of two ways:

Mail to: **City of Grand Rapids, Attn: Accounts Payable 7th FL, 300 Monroe Ave NW, Grand Rapids MI, 49503**

Fax to: 616-456-3347