

**City of Jacksonville  
ACH VENDOR ENROLLMENT AND CHANGE FORM**

New Enrollment

Change to Existing Enrollment

*If it's the 1st payment, contact Procurement  
to complete W-9 form @ 904-255-8800*

**PAYER INFORMATION**

<b>Payer's Name</b> City of Jacksonville	<b>Payer's Contact:</b> Treasury
Treasury-Enrollment Program	<b>Telephone Number</b> 904-630-1640
117 W. Duval Street, Ste. 300	<b>Fax Number:</b> 904-630-3615
Jacksonville, FL 32202	

**Payee/Company Information**

Business Name:	<input type="text"/>
Federal Employer ID/SSN:	<input type="text"/>
Contact's Address:	<input type="text"/>
Contact Person's Name:	<input type="text"/>
Contact Person's Email Address:	<input type="text"/>
Contact's Telephone Number:	<input type="text"/>
Contact's Fax Number:	<input type="text"/>
Contact's Signature:	<input type="text"/>

**ACH Addendum Information will be in CTX Format:**

Method Selected by Payee to Receive Remittance Information from Bank or Financial Institution:

Email Only

<input type="checkbox"/> Vendor	<input type="checkbox"/> Imprest/Petty Cash	<input type="checkbox"/> Foster Grandparent
<input type="checkbox"/> Stipends	<input type="checkbox"/> Payroll Deductions(C)	<input type="checkbox"/> Employee Reimbursement

**FINANCIAL INSTITUTION INFORMATION**

Bank or Financial Institution Name:	<input type="text"/>
Nine Digit Transit Number:	<input type="text"/>
Depositor Account Number:	<input type="text"/>
Depositor Account Title:	<input type="text"/>

Signature of Bank Official:	<input type="text"/>
Title of Authorized Bank Official:	<input type="text"/>
Telephone No. of Bank Official:	<input type="text"/>

(This section not necessary if vendor has voided check)

\*\*\*\*\***MUST ATTACH VOIDED CHECK**\*\*\*\*\*

Type of Business Account:  Checking  Savings

**TREASURY APPROVAL INFORMATION FROM VENDOR**

Signature and title of authorized treasury/financial official:	Date:
<input type="text"/>	<input type="text"/>

**ANY CHANGE OF ACCOUNT INFORMATION MUST BE COMMUNICATED TO THE CITY OF JACKSONVILLE AT LEAST 30 DAYS IN ADVANCE PRIOR TO TARGET DATE. FAILURE TO DO SO WILL CAUSE CANCELLATION OF ACH TRANSMISSION.**