



# THE SCHOOL DISTRICT OF PHILADELPHIA

## SUPPLIER ACH FORM

Date Requested: \_\_\_\_\_

Add ( )      Change ( )

Supplier #: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

\_\_\_\_\_

Supplier Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Phone #: \_\_\_\_\_ Supplier Fax #: \_\_\_\_\_

Supplier Contact Name: \_\_\_\_\_

Remittance Email: \_\_\_\_\_

### **Banking Information:**

Bank Name \_\_\_\_\_

Checking or Savings Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

**NOTE:** The appropriate supplier's documentation should be submitted with this request such as a copy of a voided check or banking ACH/ Wire instructions from the receiving bank.

Supplier Authorized Signature : \_\_\_\_\_

### **For Accounts Payable Purposes Only:**

Accounts Payable Approval: \_\_\_\_\_ Date: \_\_\_\_\_