



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: _____

Submission of the ACH set up form and supporting documentation (must be delivered in person, faxed or mailed. Emails are not accepted.