# Town of Marana, Arizona

**Vendor ACH Payment Enrollment Form**

The Town is providing our vendors the opportunity to enroll in our ACH program

Signing up for Vendor Automated Clearing House (ACH) payments provide many benefits for our vendors:

Faster Payments

› ACH payments can be credited to your account in less than three business days. Payments made through the

U.S. Postal Service can take seven to ten days.

› Banks do not hold ACH payments like they do checks. Your funds are available as soon as the ACH payment is credited to your account.

Fewer Hassles

› ACH payments eliminate the need for paper checks and envelopes as well as the fuel and energy used to prepare and deliver checks.

› Your ACH payment cannot be lost in the mail or sent to an outdated address.

› You can receive immediate notification of each ACH payment (with remittance detail) sent to the email address you provide.

› You will save time by not traveling to the bank or waiting in lines to deposit your check.

If you have any questions about Vendor ACH payments, please feel free to contact our Accounts Payable team at 520-382-1900.

# Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Authorization will remain in effect until changed or revoked.

Please check one of the following: New Change Revoke

PAYEE / COMPANY INFORMATION

|  |  |
| --- | --- |
| Name: | Town of Marana Vendor number (upper right corner of check): |
| Current Mailing Address: |
| Social Security or Taxpayer ID (required): | Contact Person Name: |
| Telephone: | Additional Telephone: |
| Email Address: | Additional Email Address: |

FINANCIAL INSTITUTION INFORMATION

|  |
| --- |
| Name: |
| Address: |
| Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check): |
| Account Number: |
| Type of Account: Checking Savings |

|  |
| --- |
| Name of Payee or Authorized Official (please print): |
| Signature and Title of Payee or Authorized Official (required): | Date: |

Please include a copy of a voided check or a bank letter with the completed form. A **Social Security Number** or

**or Taxpayer ID** is required for vendor verification. An **email address** is required to participate in this program.

Send this form and voided check/letter to:

Town of Marana

Attn: Finance - Accounts Payable 11555 W. Civic Center Drive Marana, AZ 85653

OR Form and voided check image/letter may be emailed to:

accountspayable@maranaaz.gov