



ACH VENDOR PAYMENT ENROLLMENT FORM

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip code: _____, _____

Phone: _____

Email: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

Print Authorized Name: _____

Authorized Signature: _____

Remittance email: _____

Date: _____

SUPPLIER FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing No.: _____

Account No.: _____

***Send form to accounts.payable@detroitk12.org**

DPSCD INTERNAL USE ONLY

Supplier ID No.: _____

Approved by: _____

Date: _____

Students Rise. We all Rise