

# SANGAMON COUNTY VENDOR ACH PAYMENT FORM

**Sangamon County Treasurers Office**

**200 S. Ninth Room 102, Springfield, IL 62701, Phone: 217-753-6800, Fax: 217-753-6837**

**E-Mail: TRSFINREQ@CO.SANGAMON.IL.US Website:www.co.sangamon.il.us/Offices/treas/treasrer.asp**

## VENDOR INFORMATION

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION PHONE: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

**PAYMENT INFORMATION E-MAIL** \_\_\_\_\_

## CHECKING ACCOUNT INFORMATION

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

NAME OF BANK OR CREDIT UNION: \_\_\_\_\_

BANK ADDRESS LINE 1: \_\_\_\_\_

BANK ADDRESS LINE 2: \_\_\_\_\_

CITY AND STATE ZIP CODE \_\_\_\_\_

I hereby authorize the Sangamon County to initiate accounts payable payments through automatic bank deposits and, if necessary, adjustments to my account for payments made in error. I also agree to accept ACH Remittance information via E-mail as proper remittance information.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE (MM/DD/YYYY): \_\_\_\_\_

Please return this form and direct questions about ACH payments to the Sangamon County Treasurer's office via e-mail, phone or fax at the contact information listed above. Please contact us if the above information changes to insure non-interruption of payments