



## CITY OF PHILADELPHIA

Office of the Director of Finance  
Suite 1330 MSB  
1401 JFK Boulevard  
Philadelphia, Pa 19102-1693

Dear Adoptive/Foster Parent,

The City of Philadelphia City) offers a program that gives you the option of receiving your payments electronically rather than by check. This will allow for more timely receipt of payments and provide you with the ability to better manage your accounts.

If you are interested in receiving payments electronically, please respond by completing the attached **ACH Adoptive/Foster Parent Enrollment and Change Form** , and faxing (215-686-6192) or mailing it to

Christine Kobilnyk  
Accounting Section Supervisor  
1401 JFK Boulevard  
Room 1340 MSB  
Philadelphia, Pa 19102.

The **ACH Vendor and Change Form** consists of three sections:

- (1) Payers Information, which is already completed by the City of Philadelphia;
- (2) Payee Information, which must be completed by your company representative;
- (3) Financial Institution Information which must be completed by you. Please consult with your financial institution if you need assistance with this section..

The City of Philadelphia will electronically deposit your payments into the account you designate, and we will also transmit addendum payment information to your banking institution. This addendum information will consist of invoice numbers, applicable credit memos and amounts, adjustments and comments about the particular payments. This will be the only form of notification you will receive regarding the funds deposited into your account. You may go to [www.phila.gov](http://www.phila.gov) to check the status of your payments. The City is not responsible for any charges to your account imposed by your financial institution for this service.

If you have any questions regarding this opportunity, please call Christine Kobilnyk at 215-686-2674.

**ACH ADOPTIVE/FOSTER PARENT ENROLLMENT AND CHANGE FORM**

New Enrollment       Change to Existing Enrollment

**PAYERS INFORMATION**

Payer's Name: *City of Philadelphia - Office of the Director of Finance*  
Payer's Address: *1401 John F. Kennedy Boulevard  
Room 1340 Municipal Services Building  
Philadelphia, PA 19102*  
Payer's Contact: *Christine Kobilnyk*      Telephone Number *215-686-2674*  
FAX Number *215-686-6192*

**PAYEE/COMPANY INFORMATION**

Social Security Number:         -       

Foster Parent Name: \_\_\_\_\_

Foster Parent Telephone Number:         -        

Foster Parent Address: \_\_\_\_\_

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

**FINANCIAL INSTITUTION INFORMATION**

Bank or Financial Institution Name: \_\_\_\_\_

Nine Digit Routing Transit Number:     

Depositor Account Number:     

Name on Bank Account: \_\_\_\_\_

Type of Account:       Checking       Savings

Information concerning deposits made to your account is available on line at [www: phila.gov](http://www.phila.gov). You will be required to enter your social security number and provider number to access this information.

ANY CHANGE OF ACCOUNT INFORMATION MUST BE COMMUNICATED TO THE CITY OF PHILADELPHIA AT LEAST 30 DAYS IN ADVANCE OF TARGET DATE . FAILURE TO DO SO WILL CAUSE THE CANCELLATION OF ACH TRANSMISSIONS.