



## CITY OF PHILADELPHIA

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

Dear Valued Vendor,

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

If you are interested in receiving payments electronically, please respond by completing the attached **ACH Vendor Enrollment and Change Form**, and faxing it to the attention of Christine Kobilnyk, Accounting Section Supervisor at 215-686-6192 or mailing it to 1401 JFK Blvd. Room 1330 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 and signed by an authorized official of your banking institution.

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. Your financial institution must be capable of forwarding this addendum information to you. This method could be by fax, e-mail, report or data file transmission. There may be a charge to your company 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 VENDOR 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

**Business Name:** \_\_\_\_\_  
**Federal Employer Identification No., OR**        -           
**Social Security Number:**         -              
**Payee Contact Name:** \_\_\_\_\_  
**Payee Contact Telephone Number:**         -               
**Payee Contact Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

**Bank or Financial Institution Name:** \_\_\_\_\_  
**ACH-Coordinator Name:** \_\_\_\_\_  
**ACH Coordinator Telephone Number:**         -         -            
**Nine Digit Routing Transit Number:**                
**Depositor Account Number:**                            
**Name on Bank Account:** \_\_\_\_\_

**Type of Business Account:**       Checking       Savings

ACH Addendum Information will be in a CTX Format:

Method Selected by Payee to Receive Remittance Information from Bank or Financial Institution:

FAX       E-Mail  
 Hard Copy Report       Data File Transfer  
 Other (Explain) \_\_\_\_\_

**Signature of Authorized Bank Official:** \_\_\_\_\_

**Title of Authorized Bank Official:** \_\_\_\_\_

**Telephone of Authorized Bank Official:**         -        

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.