



## 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.



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DIRECT DEPOSIT (ACH) ENROLLMENT AND CHANGE FORM

Input boxes for New Enrollment, Change to Existing Enrollment, and Cancel (Stop) 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
Email: voucherverification@phila.gov Telephone Number 215-686-2674

PAYEE/COMPANY INFORMATION

Payee Name:
Federal Employer Identification No., OR
Social Security Number:
Payee Contact Name:
Payee Contact Telephone Number:
Payee Contact Address:

FINANCIAL INSTITUTION INFORMATION

Bank/Financial Institution Name:
Nine Digit Routing Transit Number:
Bank Account Number:
Type of Account:
Included with application (Check one)
If change to existing enrollment, please provide the old bank information below:

Authorization

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the City of Philadelphia to register me/the payee for direct deposit automated clearing house (ACH) payments using the information contained in this registration form.

Authorized by (Print full name) Title Email
Authorizing Signature Date Phone
Authorizing Secondary Signature -if applicable Date Phone

Any change(s) of account information must be communicated to the City of Philadelphia at least 60 days in advance of the target date. Failure to do so may result in payments being deposited in incorrect accounts and will cause the cancellation of ACH transmissions. Please allow up to 60 days for processing.

Vendor payment information may be viewed by going to https://secure.phila.gov/finance/vendorpayments