



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 with 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 James G. Plewes, Manager, Accounting Verification at 215-686-6192 or mailing it to him at 1401 JFK Blvd., Room 1330, Philadelphia, PA 19102.

The **ACH Vendor Enrollment 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. The 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 James G. Plewes at 215-686-6168.

**CITY OF PHILADELPHIA
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: James G. Plewes Telephone Number 215-686-6168
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:
Depositor Account Title: _____
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.