The City of Philadelphia encourages all vendors to enroll in its direct deposit electronic payment program. Instead of receiving paper checks, payments will be made electronically via Automated Clearing House (ACH) and deposited directly into an account designated by you at your financial institution. Enrolling in direct deposit payments supports the City’s ongoing efforts to become a more efficient and effective government, deliver enhanced services and timely payments to vendors, and provide for a sustainable environment.

Benefits of direct deposit payments include:
- Safe, secure method of payment;
- Elimination of lost, misplaced or stolen checks, with no wait for replacement checks to be issued;
- Improvements in timing and certainty of payments, with no wait for paper checks to be delivered in the mail and then taken to a bank for deposit.

While enrollment is currently optional, the City expects to REQUIRE electronic payment for all vendors soon. We encourage you to enroll now before the requirement takes effect.

To respond to concerns that direct deposit payments don’t provide sufficiently-detailed information to vendors about their payments, the City has developed an improved, secure vendor payment website where vendors may see all detailed payment information normally printed on paper checks. The information will include invoice numbers, applicable credit memos and amounts, adjustments and comments about the payments. The website provides a status of all vendor payments approved by Finance, and has detailed contact information, by department, for vendors who have questions about their payments. The website may be accessed at https://secure.phila.gov/finance/vendorpayments. Vendors must register to log in and access their information.

Attached is a Direct Deposit (ACH) Enrollment and Change Form for vendors to enroll in electronic payments. To enroll, you are required to complete four sections:

1. In the first box, choose whether this is a New Enrollment, Change to Existing Enrollment, or a Request to Cancel Enrollment;
2. Payee/Company Information must be completed by the individual being paid or a company representative;
3. Financial Institution Information must be completed by the individual who owns the bank account and/or an authorized company official;
4. Authorization must be completed and signed by the individual who owns the bank account and/or an authorized company official.

You may return the completed form in one of two ways:
- Mail to: City of Philadelphia-Office of the Director of Finance, 1401 John F Kennedy Blvd, Rm 1340, Philadelphia, PA 19102
- Email to: voucherverification@phila.gov

Upon receipt of your completed form, you will receive an email acknowledging receipt of your information. It may take four to six weeks for direct deposit of your payments to begin.

We look forward to your participation, and thank you for your cooperation as we strive to provide more convenient and secure methods around your receipt of City payments. If you have any questions, please do not hesitate to email voucherverification@phila.gov or call 215-686-2674.
CITY OF PHILADELPHIA
DIRECT DEPOSIT (ACH) ENROLLMENT AND CHANGE FORM

<table>
<thead>
<tr>
<th>Enrollment Options</th>
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<tbody>
<tr>
<td>New Enrollment</td>
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<td>Change to Existing Enrollment</td>
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<tr>
<td>Cancel (Stop) Enrollment</td>
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**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:** Checking, Savings
- **Included with application (Check one):** Voided Check, Bank Letter

If change to existing enrollment, please provide the old bank information below:

- **Bank/Financial Institution Name:**
- **Nine Digit Routing Transit No:**
- **Bank Account Number:**

**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. I agree to receive all payments from the City of Philadelphia by direct deposit electronic funds transfer. I agree to return to the City of Philadelphia any ACH payments incorrectly disbursed to me by the City of Philadelphia. I agree to hold harmless the City of Philadelphia and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above. I further acknowledge that I am notified that the submission of false information by me in connection with this enrollment and registration is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications to authorities.

**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](https://secure.phila.gov/finance/vendorpayments)