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 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) Payer 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 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.
# CITY OF PHILADELPHIA
## DIRECT DEPOSIT (ACH) ENROLLMENT AND CHANGE FORM

<table>
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<tr>
<th>New Enrollment</th>
<th>Change to Existing Enrollment</th>
<th>Cancel (Stop) Enrollment</th>
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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:** voucheerverification@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)