



# Vendor ACH Enrollment Form

ENROLLMENT

MODIFICATION

CANCEL

INSTRUCTIONS: Please only check one of the boxes above. Check the Enrollment box to sign up for ACH. Check the Modification box if you are currently enrolled and are making changes to the Vendor and/or Financial Institution information you have already submitted. Check the Cancel box if you are terminating your enrollment.

The person completing this form must be an individual who can authorize changes related to SECTION II - FINANCIAL INSTITUTION INFORMATION.

Please complete all sections of this Enrollment Form and attach a voided check or a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments.

**Note: Your application cannot be processed without this documentation.**

## SECTION I - PAYEE / COMPANY INFORMATION

Vendor Name (As it appears on W-9 form):	RCHSD Vendor # (Center, top of check stub):
Vendor Address:	
Social Security or Taxpayer ID (As it appears on W-9 form):	Contact Person's Name:
Email Address (Payment Notification)	Contact Phone:

## SECTION II - FINANCIAL INSTITUTION INFORMATION

Name:
Address:
Nine-digit Routing Transit Number:
Account Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

*I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize Rady Children's Hospital-San Diego to electronically deposit payments to the designated bank account. This authority remains in full force until RCHSD Accounts Payable receives written notification requesting a change or cancellation.*

Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official:	Date:

All information requested on this form is required. Forward the completed application to:

Rady Children's Hospital-San Diego  
ACH Vendor Program  
3020 Children's Way, MC 5001  
San Diego, CA 92123-4223

or scan and email to [accounts payable@rchsd.org](mailto:accounts payable@rchsd.org). \*\*\*[ Please note there is an "\_" underscore at the beginning of this email address]\*\*\*