



## Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution.

### PAYEE / COMPANY INFORMATION

Name:	
Current Mailing Address:	
Social Security or Tax Payer ID (required):	Contact Person:
Phone #:	Fax #:
Email Address (for ACH payment remittance):	

### FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine -digit numbers at bottom of check):	
Account Number:	
Type of Account (circle one):	Checking          Savings

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

PLEASE RETURN TO ACCOUNTS PAYABLE VIA FAX, EMAIL or MAIL  
732-417-0367 (FAX)  
AP@RUSSELLREID.COM  
PO BOX 130 200 SMITH ST. KEASBEY NJ 08832