SANGAMON COUNTY VENDOR ACH PAYMENT FORM

Sangamon County Treasurers Office
200 S. Ninth Room 102, Springfield, IL 62701, Phone: 217-753-6800, Fax: 217-753-6837
E-Mail: TRSFINREQ@CO.SANGAMON.IL.US Website:www.co.sangamon.il.us/Offices/treas/treasrer.asp

VENDOR INFORMATION

VENDOR NAME: _____

VENDOR TAX ID # OR SS#: _____

VENDOR PHONE: _____

VENDOR ADDRESS _____

VENDOR-CITY, STATE, ZIP _____

VENDOR CONTACT: _____

VENDOR CONTACT PHONE: _____

VENDOR CONTACT E-MAIL _____

PAYMENT INFORMATION E-MAIL _____

ACCOUNT INFORMATION

PLEASE CIRCLE TYPE OF ACCOUNT CHECKING SAVINGS

ACCOUNT NAME: _____

ABA ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

NAME OF BANK OR CREDIT UNION: _____

I hereby authorize the Sangamon County to initiate accounts payable payments through automatic bank deposits and, if necessary, adjustments to my account for payments made in error. I also agree to accept ACH Remittance information via E-mail as proper remittance information.

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE (MM/DD/YYYY): _____

Please return this form and direct questions about ACH payments to the Sangamon County Treasurer's office via e-mail, phone or fax at the contact information listed above. Please contact us if the above information changes to insure non-interruption of payments

Sangamon County Use Only- Vendor # _____ Dept:Contact _____ Entered By _____Verified By _____