



# ACH Payment Enrollment Form

OhioHealth offers the option of receiving payments via ACH to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Vendor Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

ADD

Change to Banking or Contact Information

## Vendor Contact Information

### Main Contact

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Back Up

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Bank Information - ACH

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Remittance Advice \_\_\_\_\_

Email: \_\_\_\_\_

REMOVE

Removing from ACH will move payments to credit card

### Authorization:

I certify that the above information is true and correct, and that as a representative for the above named company, I hereby authorize OhioHealth to electronically deposit payments to the designated bank account. This authority remains in force until OhioHealth receives a signed form requesting a change or cancellation.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEND THE FOLLOWING WITH YOUR ACH ENROLLMENT FORM:**

- 1) a current, completed and signed W-9
- 2) a voided check from your account or a letter from your bank to confirm your bank account and routing #

**THIS INFORMATION SHOULD BE EMAILED TO OHIOHEALTH AT [OHAccountsPayable@OhioHealth.com](mailto:OHAccountsPayable@OhioHealth.com)**

