

Recurring ACH Payment Request Form

Purple Form
Updated 1/19

Organization: _____

Note: Payments submitted on this form must be the same payment date(s), amount and GL distribution each month.

All additions, changes, and stops must be submitted by the 25th day of the month **prior** to payment date.

- Corporation
- Payment Requiring a W-9 *Please provide, if not already on file* (Examples: Contract service providers such as lawn care or snow removal, rent or lease payments, attorneys, special speaker honorariums, love gifts for non-employees, gifts or payments to missionaries, etc.)
- Reimbursement for items purchased

Payable to: _____

Address: _____ City: _____ State: _____ Zip: _____
(new vendor/change of address only)

Description	Account #	Amount
Total		

Please ADD ACH Transaction
Attach voided CHECK

Recurring Payment Date: _____
Start Date: _____
Expiration Date: _____

Please CHANGE ACH Transaction
Complete only the CHANGED portion of the Bank Info and Amount Info sections with the new information

Bank Info:

Bank Name: _____
ABA/Transit Number: _____
Account Number: _____

Checking OR Savings

Please STOP ACH Transaction

<< Place voided check here >>

Requested by: _____ Date: _____ Approved by: _____ Date: _____