



# Rockford Township

315 North Church St. • Rockford, IL 61101 • 815/962-8855 • 815/962-8963 fax

## Vendor ACH/Direct Deposit Authorization Form

April 25, 2022

Rockford Township offers the option of receiving payments via Electronic Funds Transfer to our vendors (Corporate or Individual). Payments will be electronically deposited into your designated bank account through the Automated Clearing House (ACH).

- ACH payments will be initiated on the day checks are normally mailed and settle in your bank account within 2 business days. Checks are normally mailed the Wednesday after a Town Board Meeting on the first or third Tuesday of the month.
- An email will be sent to the email address you specify detailing the invoices that are being paid. Detail will include invoice number and description.
- The name on the bank account you specify must match the name of the company or individual the Township is paying.

If you would like payments direct deposited, please complete the form and return to [accounting@rockfordtownshipil.gov](mailto:accounting@rockfordtownshipil.gov).

If you have any questions please feel free to contact the Accounting Department. Vicky and Megan may be reached at 815-962-8855 or via [accounting@rockfordtownshipil.gov](mailto:accounting@rockfordtownshipil.gov).



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<b>1. Please Check One:</b>		
<input type="checkbox"/> NEW Direct Deposit	<input type="checkbox"/> CHANGE Direct Deposit	<input type="checkbox"/> CANCEL Direct Deposit

<b>2. Vendor/Payee Information:</b>
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address (REQUIRED):

<b>3. Financial Institution Information:</b>
Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
9-Digit Bank Routing/Transit Number (ABA):
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

<b>4. Approvals/Authorizations</b> – I certify the information provided on this form is correct, and I hereby authorize Rockford Township to electronically deposit payments to the bank account designated above and to correct any errors which may occur from the transactions. It is my responsibility to notify the Township ( <a href="mailto:accounting@rockfordtownshipil.gov">accounting@rockfordtownshipil.gov</a> or 815-962-8855) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that this authorization will remain in full force and effect until the Township has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.		
Print Name:	Signature:	Date:

<b>5. Important Information:</b>
Please return completed form to: <a href="mailto:accounting@rockfordtownshipil.gov">accounting@rockfordtownshipil.gov</a>

<b>For Office Use Only</b>	
AP Reviewed and Approved:	Vendor #