



**CITY OF ROCKVILLE
111 MARYLAND AVENUE
ROCKVILLE, MD 20850
VENDOR ACH APPLICATION**

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING CITY EMPLOYEE) INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION ____ NEW ____ CHANGE ____ CANCEL	DATE	EMAIL ADDRESS
TAXPAYER ID TYPE (CHECK ONE) ____ 1 = FED ID ____ 2 = SSN	TAXPAYER ID NUMBER/SOCIAL SECURITY NUMBER	CITY OF ROCKVILLE VENDOR NUMBER (if applicable)
VENDOR NAME	LEGAL NAME OF ENTITY OR INDIVIDUAL	
ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
CITY	STATE	ZIP CODE

SECTION B: TO BE COMPLETED BY CITY EMPLOYEE ONLY (OTHER VENDORS SKIP THIS SECTION)

HOME ADDRESS	HOME PHONE NUMBER
CITY	STATE
	ZIP CODE

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR INCLUDING CITY EMPLOYEE

FINANCIAL INSTITUTION NAME	IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS	FINANCIAL INSTITUTION TELEPHONE NUMBER
CITY	STATE
	ZIP CODE
DEPOSITOR ACCOUNT TYPE (CHECK ONE) ____ SAVINGS ____ CHECKING	
NINE DIGIT BANK ROUTING NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER

SECTION D: VENDOR AUTHORIZATION

____ I (we) hereby authorize the City of Rockville, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. NOTE: The City will not provide remittance advice or email notification of entries.

This authorization is to remain in full force and effect until the City of Rockville, Procurement Division has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Rockville and the financial institution a reasonable opportunity to act on it.

____ I (we) hereby cancel my/our ACH authorization.

AUTHORIZED VENDOR REPRESENTATIVE(S) OR CITY EMPLOYEE SIGNATURE	DATE
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SECTION E: CITY USE ONLY

I have reviewed the Vendor information for completeness and accuracy

AUTHORIZED CITY STAFF SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION F: PROCUREMENT DIVISION USE ONLY

I have reviewed and entered the above information

AUTHORIZED PROCUREMENT STAFF SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING CITY EMPLOYEE)

DESCRIPTION, DATE, EMAIL

Check the appropriate box for this submission. Enter the current date and your email address.

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER

If known, enter the vendor number assigned to your business or individual by the City of Rockville

VENDOR NAME

Enter the name of the entity or individual: **Individual** - Enter your name (Last Name, First Name and Middle Initial) **Sole Proprietor** - Enter name of Business **Corporation** - Enter your Doing Business As (DBA) name **Other** - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS: **Individual**- Enter your name (Last Name, First Name and Middle Initial). **Sole Proprietor** -Enter owner's name (Last Name, First Name and Middle Initial) **Corporation** - Enter your name as it appears on the charter or other legal document creating it and as filed with the IRS. **Other** - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the street address

SECTION B: TO BE COMPLETED BY CITY EMPLOYEE ONLY

HOME ADDRESS

Enter your home address

HOME PHONE NUMBER

Enter your home phone number

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the address

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR AND CITY EMPLOYEE

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter in this information provided to you by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ROUTING NUMBER

Enter your financial institution's routing number. This character appears before and after the Routing Number on your check (I:)

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number. This character appears after

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SECTION D: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION Must be signed by an authorized representative(s) before application can be processed by the City of Rockville

MAILING INSTRUCTIONS/GENERAL INSTRUCTIONS

If the applicable sections of this application are not complete, the application will not be processed by the City of Rockville.

ACH transactions will be effective approximately one month after the application is approved by the City of Rockville.

Changing Financial Institution or Depositor Account (within the same Financial Institution) - All deposits will continue to be deposited into your present account until the Purchasing Division has been notified that you have changed your banking information. At which time you will need to submit a new Vendor ACH Application making sure to check the appropriate "CHANGE" box at the top of the form, and completing the applicable fields on this form

NOTE: Do not close an old account until the first transaction has been deposited into your new account.

Email completed application to the attention of Silvana Depetris (Procurement Division) at sdepetris@rockvillemd.gov. If you do not have access to email, mail the completed application to the City of Rockville, Attention: Procurement Division, 111 Maryland Avenue, Rockville, MD 20850.