

## ACH Vendor Payment Authorization Form

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the Alabama Community College System Office to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

Vendor Information				
	Name:			
	Federal I.D. #:			
	Website:			
Physical				
	Address:			
	City:State	9:	_Zip:	-
Mailing	g Address:			
	City:State	o:	_Zip:	_
Remit	Address:			
	City:State	e:	_Zip:	-
Contac	t Name:			
	Phone:	Ext:		
	Email:		_	
Financial Institution Information				
	(9) Digit Routing Number:			
Depositor Account Number:				
	Type of Account: Checking	Savings		
ACH Coordinator Name:				
ACH Coordinator Phone:				
Requesting Agency Information				
Name: Reid State Technical College				
Address: PO Box 588, Evergreen, AL 36401				
Contact Name: <u>Laushaun Watson</u> Phone: <u>(251) 578-1313</u>				

Please return to: Reid State Technical College C/O Business Office PO Box 588 Evergreen, AL 36401 0r

Email: lwatson@rstc.edu

**Attention: Laushaun Watson**