



## Vendor ACH Enrollment Form

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The City of Festus now offers the option of receiving payments via Electronic Funds Transfer (EFT) 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.

Signing up for Vendor ACH payments provides several benefits for our vendors:

### Quicker Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

**The City of Festus has recently seen an increase in fraudulent activity with our paper checks after they have been mailed out to the vendors. We are encouraging vendors to sign up for ACH payments to eliminate the risk of fraud. In addition, we ask all vendors to verify our standing account and promptly inform us if we have any outstanding balances, as it may be a result of fraudulent activity. Thank you for your consideration in enrolling into our ACH program.**

If you have any questions about our Vendor ACH payments program, please feel free to contact our Accounts Payable team at 636-937-4694 or [Miranda@Festusmo.gov](mailto:Miranda@Festusmo.gov).



## Vendor ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm funds have been deposited. Information on this form is subject to additional verification.

### VENDOR INFORMATION (Remit Address)

New Request  Change Request

VENDOR NAME		TAXPAYER ID (REQUIRED)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

### FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME*	ACH ROUTING NUMBER	ACCOUNT NUMBER	

\*Savings Account Numbers May Not Be Used.

### Certification:

I certify I am responsible for notifying changes to the information provided above to the City of Festus.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH. I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above-named company, hereby authorize the City of Festus to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by the City of Festus. The City of Festus reserves the right to cancel or suspend this authorization at any time.

### Authorization:

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*Authorized Official Name*                      *Signature*                      *Title*                      *Date*

Please email this completed form along with a **VOIDED CHECK** to **Miranda@Festusmo.gov**  
**\*\*\* A voided check or bank confirmation letter is required to process this form. \*\*\***