



Supplier ACH/Direct Deposit Authorization Form

United Planning Organization Accounts Payable

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: Checking Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize United Planning Organization Office of Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify UPO Finance Dept for issues with payment received or deposited, and any changes to bank account information at payments@upo.org or (202) 238-4799. I understand that this authorization will remain in full force and effect until UPO Finance Dept received a 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: _____

Important Information

Please return completed form via email: payments@upo.org

Finance Department Use Only

Reviewed and Approved By:

Date:

Date Stamp - Received