

City of Topeka Vendor ACH Form

Vendor Information

| | | | |
|---------------------------|-------|-----|--|
| Vendor Legal Name | | | |
| Street or Mailing Address | | | |
| City | State | Zip | |
| Contact Name for Payables | Phone | Ext | |
| E-mail Address | | | |

Diversity Code: Check box below that relates to the business diversity status.

AFRIC
 ASIAN
 DIS
 FEM
 HISP
 MIN
 NATIV
 NONE
 SMALL
 VET
 Other Describe:
Vendor Class:
 Legal
 Construction
 IT
 Materials
 Medical
 Engineering
 Professional Services Other
 Landlord

For ACH Payments:

Above named Vendor hereby authorizes City of Topeka to originate Automated Clearing House electronic fund transfer (EFT) credit entries to Vendor's account, as indicated below, for payment.

Banking Information:

Name on Bank Account _____ Bank Name _____

Bank Routing Number _____ Bank Account Number _____

Savings
 Checking/Demand Account

If any changes are made to your banking information, please notify the **City immediately in written form**. Please note if you fail to notify us prior to a payment it may take us up to 30 days to reissue the payment. If you have any questions please call 785-368-3970.

Vendor Authorization:

_____ Date _____
 Authorized Signature

_____ Title _____
 Authorized Printed Name

Please complete the above form and return to:

Email to: accounts payable@topeka.org
 Fax to: 785-368-3975
 Mail to: City of Topeka, Accounts Payable
 215 SE 7th St, Room 358 Topeka, KS 66603

| | | |
|-------------------|------------|------------------------|
| Official City Use | | |
| Vendor Number | Entered by | Date Entered in System |

Instructions for Use of City of Topeka Vendor Authorized Clearing House (ACH) Form

Vendor Information

Vendor Legal Name: Enter Legal Name to match what was entered on the Federal W-9 Form

Street or Mailing Address: Enter the active Street or Mailing address for your organization.

City, State, Zip: Enter the active City, State, and Zip Code associated with your Street or Mailing Address.

Contact Name for Payables: Enter the name of the person in the Accounts Payable Department of your organization.

Phone: Enter the Phone number of the person in the Accounts Payable Department of your organization.

Extension: Enter the Extension of the person in the Accounts Payable Department of your organization, if applicable.

E-mail Address: Enter the active e-mail address of the person in the Accounts Payable Department of your organization, along with any others that need to be notified of payments received by the City of Topeka.

Diversity Code: Check ONE box for the registered Diversity Category for your organization.

Federal and State Designations Defined:

AFRIC: African American Owned Business

MIN: Minority Owned Business

ASIAN: Asian American Owned Business

NATIV: Native American Owned Business

DIS: Disabled Owned Business

NONE: None

FEM: Female Owned Business

SMALL: Small Owned Business

HISP: Hispanic Owned Business

VET: Veteran Owned Business

Vendor Class: Check ONE box under Vendor Class to categorized your organization with the City of Topeka.

Banking Information

Name of Bank Account: Enter the Legal Name that is listed on the companies bank account.

Bank Name: Enter the name of the companies banking establishment.

Bank Routing Number: Enter the active routing number associated with the organization's bank.

Bank Account Number: Enter the active account number associated with the companies Bank Account.

Savings: Check this box if the bank account is a Savings Account.

Checking/Demand Account: Check this box is the bank account is a Checking or Business Checking Account.

Vendor Authorization

Authorized Signature: This form must be signed by someone within the organization that has the authority to release this sensitive information to the City of Topeka.

Date: Enter the Date this form was signed.

Authorized Printed Name: Enter the name of the person within the organization that has the authority to sign for your organization, for legibility reasons.

Title: Enter the Title of the person within the organization that has the authority to sign for your organization.