

ACH ENROLLMENT/CHANGE AUTHORIZATION FORM

This is to notify Archdiocese of Miami Inc. and its affiliates of enrollment or change in EFT/ACH banking instructions for the Company (name stated below) herein referred to as Company. Archdiocese of Miami desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the Automated Clearing House (ACH) system, and Company agrees to grant such flexibility. Therefore Company (1) authorizes Archdiocese of Miami to make payment for goods and services by ACH, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH transaction format. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

Entity Information

Legal Entity Name

Entity Number

Tax ID (EIN OR SSN)

Physical Address ***Clearly label Apartment, Company, Suite, Unit, Building, Floor, PO BOX, In Care Of or Attention if applicable.

City

State

Zip Code

Country

Remit to Address ***Clearly label Apartment, Company, Suite, Unit, Building, Floor, PO BOX, In Care Of or Attention if applicable.

Remit to City

Remit to State

Remit to Zip Code

Remit to Country

ACH Details

Bank Details

Account Information

Bank Name

New ABA (Routing #)

Bank Street Address

Bank Account #

Bank City

Account Type

Bank State

USD
Currency

Bank Country

Email Address ***Used to sent remittance detail.
Remittance detail will be send in Excel format

Form Completed By: _____ Authorized Signature: _____

Date: _____

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. **Email the form to AccountsPayable@theadom.org**

SIGNATURE AUTHORIZING ACH ENROLLMENT/CHANGE: BY TYPING YOUR NAME INTO THE SIGNATURE AUTHORIZING ACH ENROLLMENT/CHANGE FIELD WILL BE CONSIDERED THE ACT OF ELECTROINICALLY SIGNING THIS FORM. THIS ACT AUTHORIZES THE BANKING INFORMATION PROVIDED TO MAKE PAYMENTS FOR GOODS AND SERVICES VIA ELECTRONIC FUNDS TRANSFER TO THE ACCOUNT PROVIDED.