

Vendor ACH Enrollment Form Electronic Funds Transfer (EFT)

____ First Time ACH Request

____ Change Current ACH Information

(All fields must be completed)

Vendor Name:

Town of Wilkesboro Vendor #
(Leave Blank if Unknown):

Contact Name:

Email Address (Payment Notification):

Address:

Contact Phone:

Bank Name:

Bank Account Type:

Checking

Savings

CHECKING Bank Routing Number (9 Digits):

CHECKING Bank Account Number (Include leading zeros):

Attach a **CHECK** marked "**VOID**," with preprinted name & current address or an official **BANK FORM**, certified & stamped by a banking official, which provides bank account number and routing number.

PLEASE NOTE:

*The Town of Wilkesboro will transmit your payment electronically based on the information you have provided. If the transmission fails because you have given us incorrect or outdated information, The Town of Wilkesboro can only provide a replacement payment AFTER the Town has received a refund from the financial institution. It is important that you provide correct account & bank routing numbers – and that you notify the Finance Department **immediately** if you change banks or account numbers. The Town of Wilkesboro has the right to retract & correct payments as necessary.*

I affirm the above is correct and authorize the Town of Wilkesboro to initiate ACH credit deposit entries to the above designated bank account identified on this form until written notification of discontinuation is received by the Town of Wilkesboro.

Signature:

Date:

Title:

Phone:

Please mail, email or fax this completed form to:
Town of Wilkesboro Finance Department
Attention: Kinsley Walker, Acct. Tech.
P.O. Box 1056
Wilkesboro, NC 28697

Fax: (336) 838-7616 or email: kwalker@wilkesboronc.org