



## Village of River Forest Vendor ACH Authorization Form

Action Requested:                      New                      Change                      Cancel

Vendor/Payee Information			
Name			
Address	City	State	Zip Code
Contact Person	Email		
Phone	Taxpayer Identification Number (EIN or SSN)		
Financial Institution Information			
Financial Institution Name			
Address	City	State	Zip Code
Name on Account	Account Type (Check One)		
	Checking		Savings
Account Number	Routing Number (9 digits)		
Vendor/Payee Authorization			
I certify that the information provided on this form is correct. I authorize the Village of River Forest to electronically deposit payments (ACH credits) to the financial institution and account designated above and to reverse any payment (ACH debit) made to this account in error. I understand that I must notify the Village of River Forest Accounts Payable department in writing immediately if there is a change in banking information. I understand that this authorization will remain in full force and effect until the Village has received a new Vendor ACH Authorization Form requesting a change or cancellation, and the Village has had reasonable time (no longer than 7 to 10 business days) to process this request.			
Signature			
Printed Name	Title	Date	

Please mail, fax or email completed form to:

<b>Address:</b>	<b>Fax:</b>	<b>Email:</b>
Village of River Forest 400 Park Avenue River Forest, IL 60305	708.366.3702	nsabia@vrf.us

Village of River Forest Use Only
Vendor Number:
Process Date:
Processed By: