



PTC ACH ENROLLMENT FORM



VENDOR INFORMATION

Vendor Name: _____
 Date: _____ Federal Taxpayer ID: _____
month/day/year

Account Status: Set up New Account Change Account Profile (already a vendor)

Email address for payment remittance advice: _____

BANK INFORMATION

We would like our invoices paid via ACH and deposited in the following bank account:

Account Type: Checking Savings Other>Please describe: _____

Bank Name: _____

Bank routing number*: _____
*** ensure this is ACH and not FedWire routing number**

Bank account number: _____

Bank address: Street: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

ACH FORMAT REQUESTED

ACH CCD Payment will be transferred to the bank account listed above. A separate email will be sent to the email address listed above detailing all of the remittance information.

ACH CCD+ Payment will be transferred to the bank account listed above. One line of addenda information will be sent with the financial transaction through the bank identifying one of the invoices paid with that amount. A separate email will be sent to the email address listed above detailing all of the remittance information.

ACH CTX Payment will be transferred to the bank account listed above. Addenda information will be sent with the financial transaction through the bank identifying all invoices paid with that amount. A separate email will be sent to the email address listed above detailing all of the remittance information.

Please check with your bank regarding their ability to receive the ACH format requested above as well as your bank's reporting services.

Vendor hereby authorizes and requests The Pennsylvania Turnpike Commission (PTC) to make payments by initiating entries to the account indicated on this form. All transfers will be sent via Automated Clearing House (ACH). ACH transactions are processed on day one and credited to the account on the settlement date.

This authority is to remain in full force and effect until the PTC has received written notification from us of its termination in such time and in such manner as to afford the PTC a reasonable opportunity to act on it.

The Vendor agrees that in the event of duplicate payment, overpayment, fraudulent payment, or payment otherwise made in error, PTC may initiate a reversal of such payment, or otherwise debit the account shown above, to correct such payment.

THIS SECTION COMPLETED BY THE VENDOR

Approved by: _____
 Date: _____
month/day/year

THIS SECTION COMPLETED BY THE PENNSYLVANIA TURNPIKE COMMISSION

Date Received: _____ Date Entered: _____
month/day/year month/day/year

Entered by: _____
 Approved by: _____