



CITY OF OMAHA ACH ENROLLMENT FORM

Please print or type the following information. Incomplete forms will be returned.

Vendor Information

Name:

Business Name:
(if different from above)

Remit to Address:

Federal Tax ID #:

Contact Person:

Phone #:

Fax #:

Remittance Email:

Please print or type - Signature Required

Vendor Signature:

Name:

Title:

Date:

I certify that the above is true and correct, and that I, as a representative for the above named company, hereby authorize the City of Omaha Accounts Payable to electronically deposit payments to the designated bank account. This authority remains in full force until the City of Omaha Accounts Payable receives written notification requesting a change or cancellation.

This account will be used for all payments by the City of Omaha unless specified here: _____

Please submit this form by mail to:

City of Omaha-Disbursements
Omaha/Douglas Civic Center
1819 Farnam St, Ste. 1008
Omaha, NE 68183

Financial Institution Information

Name:

Address:

Ach Coordinator:

Phone #:

Nine Digit Routing #:

Depositor Account #:

Deposit Account Title:
(if any)

Type of Account: Checking Savings

Attachment Required (Choose One):

- Blank Check (Voided)
- Photocopy of a check
- Letter or statement from your financial institution
- Vendor Invoice with ACH instructions
- Vendor Letter with ACH instructions

Is this a change in ACH? YES NO
If so, please provide old ACH Info

Old Routing #

Old Account #

Type of Account: Checking Savings

Or email to:

supplier@cityofomaha.org