



Vendor ACH/Direct Deposit Authorization Form
Upper Montgomery Joint Authority

1. Please Check One:

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NEW ACH/Direct Deposit

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CHANGE ACH/Direct Deposit

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CANCEL ACH/Direct Deposit

2. Vendor/Payee Information

Name: _____

Address: _____

Contact Person's Name: _____

Telephone Number: _____

Email Address: _____

3. Financial Institution Information

Bank Name: _____

Bank Address: _____

Name on Bank Account: _____

Bank Account Number: _____

Nine-Digit Bank Routing/Transit Number (ABA): _____

Type of Account: _____

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Checking

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Savings

4. Approvals/Authorizations- I certify that the information provided on this form is correct, and I hereby authorize Upper Montgomery Joint Authority (UMJA) to electronically deposit payments to the bank account designated above. It is my responsibility to notify UMJA (accounting@umja.org or 215-679-5133) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify UMJA in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until UMJA has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____