



Vendor ACH/Direct Deposit Enrollment Form

The U.S. Chamber of Commerce, and its affiliates, offers the option of ACH (Automated Clearing House) payments to vendors. Payments will be directly deposited into your organization's designated bank account.

Please provide the specific information that your bank requires to receive ACH payments on your behalf. (Note that this may not be the same information for receiving payment via wire transfer, which the U.S. Chamber is not offering in this enrollment).

Please return the completed and signed form to AP-ACH@USChamber.com or your U.S. Chamber project contact. Accounts Payable staff will verbally confirm your information before adding or changing your ACH payment details.

Vendor & Remittance Contact Information
Vendor Name:
Vendor Address:
City, State & Zip:
Contact Name:
Contact Telephone:
E-mail Address:

Bank Information – ACH
Bank Name:
Bank Address:
Bank City, State & Zip
Account Type:
Account Number:
ACH Routing Number:

Authorization	
I certify that the above information is true and correct, and that as a representative for the above-named organization, I authorize the U.S. Chamber to electronically deposit payments to the designated bank account. This authority remains in force until the U.S. Chamber receives written notification requesting a change or cancellation.	
Printed Name:	Title:
Signature:	Date: