

ATCO

Automated Clearing House (ACH) Enrollment Form

REQUEST TYPE			
NEW ACH enrollment <input type="checkbox"/>	MODIFY bank information <input type="checkbox"/>	CANCEL ACH enrollment <input type="checkbox"/>	"Void" cheque or bank letter attached <input type="checkbox"/>
SUPPLIER INFORMATION			
Supplier Name:			
Legal Name (if different from above):			
Payment Remit to Address:			
City:		State:	Zip Code:
Contact Name:		Contact Title:	
Phone Number:		Fax Number:	
E-mail Address for Remittance Advice:			Is banking provided to be used for all remit to addresses? Y or N (circle one)
AUTHORIZATION			
Name of Authorized Person:		Title:	
Signature of Authorized Person:		Date (YY/MM/DD):	
Suppliers are responsible for notifying ATCO of any changes to banking information.			

Please return this completed form **along with a "VOID" cheque or bank letter** to:

OraclesupplierAdministrations@atco.com

(For ATCO use only: @ Oracle Supplier Administration)

(Without the required bank generated documentation ("VOID" cheque or bank letter) we will be unable to process your EFT enrollment request.)

Questions about this form?: E-mail us at OraclesupplierAdministrations@atco.com