



Town of Manchester, CT Accounts Payable
494 Main Street, P.O. Box 191
Manchester, CT 06045-0191
(860) 647-3100

ACH AUTHORIZATION FORM

Vendor Information

Vendor Name		SSN or FID#	
Address	City	State	Zip
Contact Name		Phone	
Email Address for Remittance Advice (**required**)			

Banking information

Name of Bank	
Bank Routing Number*	Bank Account #

***Please provide the 9 digit bank routing number from a check.
Submit a copy of a voided check with this form.**

If you change banks or accounts please provide at least (30) days written notice.

Vendor Authorization:

Authorized Name/Title

Authorized Signature

Date