



American Legion Department of Ohio

Vendor ACH Payment Authorization Form

Section 1 — Vendor Information

Vendor/Company Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Contact Person: _____

Phone Number: _____

Email Address: _____

Section 2 — Banking Information (Confidential)

Protected under the Department's Financial Data Protection Policy.

Bank Name: _____

Bank Address: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Section 3 — Payment Details

Purpose of Payment: ☐ Goods ☐ Services ☐ Contracted Work ☐ Reimbursement

☐ Other: _____

Payment Frequency: ☐ One-time ☐ Recurring ☐ As invoiced

Section 4 — Authorization & Certification

By signing, the vendor certifies that:

1. The banking information provided is accurate and authorized for ACH deposits.
2. ACH payments may take 1–3 business days to process.
3. Changes to banking information require 10 business days' written notice.
4. Bank information will be handled in accordance with the Department's Financial Data Protection Policy.
5. The vendor releases the Department from liability for incorrect payments resulting from inaccurate information provided.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Section 5 — Department Use Only

Received By: _____ Date: _____

Verified By (Finance Officer): _____ Date: _____

Entered In System By: _____ Date: _____

Destructed By: _____ Date: _____

Notes: _____