

ACH Direct Payment Authorization

Vendor Information

All fields in this section must be completed.

New ACH Enrollment
 Revised ACH Enrollment

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Vendor Name

Taxpayer ID (TIN) or SSN

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Remit Address (Number and Street)

City

State

Zip Code

All fields in this section must be completed for a new or a revised ACH enrollment.

Type of Account (check only one)
 Checking Account
 Savings Account

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Account Number

Routing Number (ABA)

Account Information

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Financial Institution Name

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Financial Institution Address (Number and Street)

City

State

Zip Code

All fields in this section must be completed. Denver Water will not initiate an ACH Direct Payment without a signed and dated authorization.

Authorization

I authorize Denver Water to deposit check amounts electronically, via ACH, payments owed to me by Denver Water, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I understand and agree that Denver Water is not responsible for deposit errors resulting from receipt of incorrect banking information or banking changes not communicated nor is Denver Water responsible for any charges incurred as a result of receiving an ACH payment. I consent to and agree with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I certify that I am authorized to enter into this agreement on behalf of the payee and that the agreement will remain in full force and effect until Denver Water receives a notification of change or cancellation. I agree to provide Denver Water with 30 days advance written notice of any change or cancellation.

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Authorized By (print full name)

Authorized Signature

Title

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Date

Email

Phone

This ACH agreement must be fully completed, signed, and returned to the **Accounts Payable Section** to the address below to initiate ACH processing setup. You will be established as an ACH vendor and all payments will be made via ACH upon completion.

Questions regarding this form or your ACH transactions should be directed to the Accounts Payable Section at the address/number below:

Denver Water
Accounts Payable
MC 210
1600 West 12th Ave.
Denver, CO 80204

Phone: (303) 628-6427 or (303) 628-6166
Fax: (303) 628-6455
Email: AccountsPayable@denverwater.org

FOR INTERNAL USE ONLY

Date Received

Date Entered

Entered By

Approved By