



VENDOR ACH ENROLLMENT

Starting September 1, 2018, the Task Force for Global Health, Inc. (TFGH) is officially moving to electronic payments of all invoices. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). Moving towards electronic payments has several benefits for our vendors:

Quicker Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Unlike checks, banks do not hold ACH payments. Your funds are available as soon as the ACH payment is credited to your account.

Less Hassle

- ACH payments eliminate the need for paper checks.
- ACH payments are more secure. Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive notification and remittance advice for each ACH payment via email.
- You will save time by not traveling to the bank or waiting in line to deposit your check.



Vendor ACH Enrollment Form

In order to process electronic payments, TFGH needs the following information. Once ACH is set up, you must check with your financial institution to confirm funds have been deposited. Information on this form is subject to additional verification.

VENDOR INFORMATION (Remit Address)

☐ New Request

☐ Change Request

Vendor Name			
Address	City	State	Zip
Accounting Contact Name		Phone number	
Email address *Required to receive remittance.			

FINANCIAL INSTITUTION INFORMATION

Bank Name			
Address	City	State	Zip
Account Name			
ACH Routing Number (9 Digits)		Account Number	
Account Type (please pick from the dropdown list):			

Certification:

I certify that I am responsible for notifying the Task Force for Global Health (TFHG) of any changes to the information provided above.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize TFGH to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by TFGH. TFGH reserves the right to cancel or suspend this authorization at any time.

Authorization:

Printed Name

Signature

Title

Date

Please provide a voided check or bank confirmation letter along with this form.

Please email the completed form and a VOIDED CHECK to: apinvoices@taskforce.org