



Town of Woodfin

SUPPLIER ACH AUTHORIZATION FORM

COMPLETE ALL FIELDS IN EACH SECTION AND RETURN WITH IRS FORM W-9

Action Requested:(*check one*) ADD NEW *REPLACE EXISTING ACCOUNT CANCEL

Section 1: Supplier Identification (Individual/Entity receiving payment)

SUPPLIER NAME		
REMIT/MAILING ADDRESS		
CITY	STATE	ZIP CODE
TAXPAYER IDENTIFICATION NUMBER [EIN <u>or</u> SSN]		
CONTACT PERSON	CONTACT TELEPHONE	CONTACT EMAIL

Section 2: Verification of Business Relationship

Provide the Town of Woodfin Department Name, Contact Person & Contact Telephone that is involved in and/or responsible for approving payment to you/your entity. (If there is more than one, please provide primary approving department).

Town of Woodfin - DEPARTMENT NAME	Town of Woodfin - CONTACT PERSON
Town of Woodfin - CONTACT TELEPHONE	Town of Woodfin CONTACT EMAIL

Section 3: Banking Information

BANK NAME			
BANK ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	ROUTING NUMBER (9 digits)	ACCOUNT TYPE (<i>check one</i>) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

*REPLACE EXISTING ACCOUNT – Required when *Replace Existing Account is selected above
Provide bank account number currently on file with the Town of Woodfin

Section 4: Supplier Authorization

I authorize the Town of Woodfin to initiate/change/cancel ACH credit entries to the above bank account. I further authorize the Town of Woodfin to reverse any payment made to this account in error.

SIGNATURE

PRINTED NAME	TITLE	DATE
--------------	-------	------

Email, fax or mail completed ACH form along with required IRS form W-9 ([irs.gov](https://www.irs.gov)) for processing to:

Town of Woodfin - Finance Department
90 Elk Mountain Road
Asheville, N.C. 28804

Email: finance@woodfin-nc.gov
Fax: 828-253-4700

If you have questions when completing this form, contact the Finance Department at 828-253-4887 ext. 1002.