



ACH AUTHORIZATION FORM

Note: This is a fillable PDF form. Fill and use electronic signature if possible in lieu of printing and scanning.

Indicate the type of authorization being requested:

- New Payment Authorization Request
- Payment Authorization Change
- Payment Authorization Termination

Vendor Name _____

Vendor Remittance Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address (Required) _____

Tax Identification Number _____ Contact Person _____

Bank Name _____

Bank Address _____

City _____ State _____ Zip Code _____

Type of Bank Account:

- Checking (Provide a voided check or bank letter that includes your routing/transit and bank account number)
- Savings (Provide a bank letter that includes your routing/transit and bank account number)

Authorized Representative Signature: _____ Date _____

Printed Name: _____ Title _____

VIRGINIA HOUSING USE ONLY

I have contacted the vendor and confirmed the action being requested should be completed.

Virginia Housing Associate Name (Print)

Signature

Date
