



Vendor ACH Form

American Samoa Government – Department of Treasury

New ACH Deposit

Change ACH Deposit

Cancel ACH Deposit

Name: _____ TIN/EIN Number: _____

Doing Business As (DBA): _____

Street Address: _____
(P.O. BOX #)

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Email Address: _____
(Gen. Contact)

Payment Type: Check Direct Deposit

If you select "Check" fill section A. Otherwise, skip to section B.

A. Payment Mailing Address

Street Address: _____
(P.O. BOX #)

City: _____ State: _____ Zip Code: _____

B. ACH Information

Bank Name: _____

Bank Address: _____

Name on Account: _____

Account Number: _____ Routing Number: _____

Account Type: Checking Saving

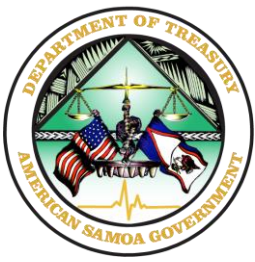
If same as general contact email, check the box. Otherwise, provide new email on the line.

Payment Notice Email Address (Same as General Contact email.

Email: _____

Do you wish to receive your Purchase Orders electronically? Yes

No



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If yes, please fill in section C ONLY. Otherwise skip to sections D & E.

C. Email: _____

D. Street Address: _____
(P.O. BOX #)

City: _____ State: _____ Zip Code: _____

E. Authorized Signatures

Full Name (Print)

Signature

FOR TREASURY USE ONLY	
TREASURER’S OFFICE (Approval for ACH)	
Signature:	Date:
DISBURSING DIVISION (if applicable)	
Old Vendor ID:	New Vendor ID:
Signature:	Date:
ACCOUNTING DIVISION (input)	
Signature:	Date:
IT DIVISION (verification/data compliance)	
Signature:	Date:
Please RETURN to Disbursing for Filing	
Signature:	Date: