



ACH Payment Request Form

Vendor Information

Business Name: _____

Address: _____

Company Contact Name: _____

Phone: _____

Email: _____

Bank Information

Bank Name: _____

Bank Account Number: _____

Bank ABA (Routing) Number: _____

Bank Address: _____

Bank Phone Number: _____

Remittance Advice Method:

Email Address: _____

☒ Please complete and email this form and a copy of the most recent W-9 directly to
AP@cypresshills.org

This authority for ACH payment shall remain in full force and effect until Cypress Hills Local Development Corporation receives written notification of your intent to terminate in such time and manner as to afford Cypress Hills Local Development Corporation a reasonable opportunity to respond.

Signature: _____ Date: _____

Printed Name

Title