



**MONTGOMERY COUNTY HOSPITAL DISTRICT**

New

Updated

**ENROLLMENT AND AUTHORIZATION FOR PAYMENT VIA ACH/EFT  
MCHD Accounts Payable**

Email completed and signed form, or any related questions to [ach@mchd-tx.org](mailto:ach@mchd-tx.org).

Vendor Number\*:

\* *(Can be found on check remittance stub. See instructions on page 2. If no previous payments have been issued, write "New Account")*

Payee Information

<b>Supplier Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

<b>Supplier Contact Name:</b>	
<b>Supplier Contact Number:</b>	
<b>Remittance E-Mail:</b>	
<b>Alternate E-Mail:</b>	

Banking Information

<b>Type of Bank account (checking or savings)</b>	
<b>Bank Name:</b>	
<b>Bank Address:</b>	
<b>Bank City, State and Zip code:</b>	
<b>Routing Number: (See instruction below)</b>	
<b>Account Number: (see instruction below)</b>	
<b>Re-Type Account Number:</b>	

Provide an email address for payment notification: \_\_\_\_\_

I hereby authorize Montgomery County Hospital District to automatically deposit payments to the account listed above. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is accurate.

**Supplier Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Accounting Department Use Only	
<b>Verified Bank Data with Vendor:</b>	<b>Date:</b> _____
<b>Financial Information Added by:</b>	<b>Date:</b> _____
<b>Reviewed by:</b>	<b>Date:</b> _____



## Instructions for Completing Form

### Providing Banking Information

Locate on your company banking information on your company check

Mrs. XXXXX		XXXX
XXXX XXXX		
XXXX XXXX		_____ 20 _____
Pay to the order of	_____ \$	
	Dollars	
	_____	
	00000000      00000000	
	↓                      ↓	
	ROUTING NO.      ACCOUNT NO.	

### Locating Account Number

Please indicate the account number on the ACH authorization form, which can be located on the remittance portion of a check. See circled below.

	<b>Montgomery County Hospital District</b> 1300 So. Loop 336 West Conroe, TX 77304	Check Date: XX/XX/XXXX Check Number: XXXXX			
This statement is an accounting of invoices paid - as show below. Detach this voucher before depositing.					
To:	Vendor's Name    ABC Pest Control Address            POB 123 City/State/Zip    Houston, TX 77070	Vendor ID: <u>ABC123</u> Tax ID:        XX-XXXXXXXXXX Contact:			
		Phone :        713-555-5555 Email:			
Invoice Number	Date	Description	Amount	Discount	Total Amount
123456	5/16/2018	Description of goods or services	\$ 125.00	\$ -	\$ 125.00

Please contact [ach@mchd-tx.org](mailto:ach@mchd-tx.org) to pursue this option.