

ARIZONA COMMERCE AUTHORITY ACH AUTHORIZATION FORM

Original form is preferred. Please contact ACCOUNTING@AZCOMMERCE.COM 602.845.1200 if you have questions about the form or setup process.

SIGN COMPLETED FORM AND SCAN ALONG WITH A VOIDED CHECK SUBMIT SECURELY

HTTPS://SENDFILE.AZCOMMERCE.COM/ACCT

or MAIL FORM AND VOIDED CHECK TO:

ARIZONA COMMERCE AUTHORITY- ACCOUNTING OFFICE

ATTN: VENDOR SETUP

100 N 7TH AVE, STE 400

PHOENIX, AZ 85007

1
2
3
4
5
6
7

Request Type (Select only ONE)			
New	Change	Cancellation, Cancellation Reason:	<input style="width: 90%;" type="text"/>
Taxpayer Identification Number (TIN)			
EIN	-	OR	SSN
Legal Name, Address and Contact Information			
Name		Phone	Ext
Address		City	State Zip Code
Email Address			
Change Information - FOR CHANGE REQUEST ONLY			
Changing:	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Account Type	<input type="checkbox"/> Account Number <input type="checkbox"/> Authorized Signers
	Previous Financial Institution: <input style="width: 150px;" type="text"/>	Previous Account Type: Checking Savings	Previous Account Number: <input style="width: 150px;" type="text"/>
AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION			
I authorize the Arizona Commerce Authority to process payments via Automated Clearing House (ACH) deposits. The Arizona Commerce Authority shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.			
I authorize the Arizona Commerce Authority to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the Arizona Commerce Authority to withhold any payment owed to me by the Arizona Commerce Authority until the erroneously deposited amounts are repaid or replenished directly to ACA. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ACA Accounting Office. The change or revocation is effective on the day the Arizona Commerce			
Authority processes the request; indicated by date verified and entered in Box 7 below.			
I certify that I have read and agree to allow electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.			
I authorize the Arizona Commerce Authority to stop making electronic transfers to my account without advance notice.			
I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.			
Name	Authorized Signature (Required)	Title	Date
Additional Authorized Signers			
Name	Authorized Signature	Title	Date
Name	Authorized Signature	Title	Date
<i>Please attach voided check with form</i>			
Financial Institution			
Financial Institution Name		Phone	Ext
Address (Optional)		City	State Zip Code
Routing Number	Account Number	Account Type	Checking Savings
ACCOUNTING USE ONLY			
Verified and Entered By And Date		Vendor #	Address ID
Entity Contact Verified By		Doc Number Entered	Approved By

ARIZONA COMMERCE AUTHORITY ACH AUTHORIZATION FORM INSTRUCTIONS

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL NOT BE ACCEPTED

**SUBMIT COMPLETED FORM AND VOIDED CHECK TO THE ARIZONA COMMERCE
AUTHORITY ACCOUNTING OFFICE.**

**SIGN COMPLETED FORM AND SCAN ALONG WITH A VOIDED CHECK SUBMIT SECURELY
[HTTPS://SENDFILE.AZCOMMERCE.COM/ACCT](https://sendfile.azcommerce.com/acct)
or MAIL FORM AND VOIDED CHECK TO:
ARIZONA COMMERCE AUTHORITY- ACCOUNTING OFFICE
ATTN: VENDOR SETUP
100 N 7TH AVE, STE 400
PHOENIX, AZ 85007**

Part 1 - Request Type: Select one.
Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 3.
Part 3 - Legal Name, Address, and Contact Information: Complete all information.
Part 4 - Change Information (Change Request Only): Check all boxes that correspond to the account information being changed.
Part 5 - Authorization: List at least one authorized signer and up to two additional authorized signers. Only an authorized signer is able to make inquiries on the account, authorize new setup and changes.
Part 6 - Financial Information: Complete all information.
Part 7 - ACA Accounting Office Use Only: Do not complete.