



## ACH Vendor Enrollment

Please complete and return to the Accounting Dept. If you require additional information, please notify Panh Vongphouthone at 414- 270-1763 or Email [ap@employmilwaukee.org](mailto:ap@employmilwaukee.org).

Completed forms may be Emailed to the address above or sent to: Employ Milwaukee, Attention Accounts Payable, 1322 N 8<sup>th</sup> Street, Milwaukee, WI 53205.

**Name of Organization:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Account Classification (check only one):**  Business  Personal

**Account Type (check only one):**  Savings  Checking

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

### Authorization

I authorize Employ Milwaukee and the Financial Institution listed below to initiate deposits of funds to which I am entitled, automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

**Name (please print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form Date: 01.06.26

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.