



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.

Completed forms may be Emailed to the address above or sent to: Employ Milwaukee, Attention Accounts Payable, 1322 N 8th 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.