
Fax to: Vendor Relations Office
(202) 962-2038

Request to Change ACH Information
(Print or Type)

Vendor Name _____

Address _____

REASON FOR CHANGE _____

Old Information

Name of Bank _____

ABA Routing Number (9 digits) _____

Bank Account Number _____

Vendor Contact _____

Contact E-mail Address _____

Contact Phone Number _____

The following individuals are authorized to request changes to ACH payment information.

Name _____ Name _____

Position _____ Position _____

Authorized Signature

Print Name _____

Position _____

Authorized Signature _____ Date _____

New Information

Name of Bank _____

ABA Routing Number (9 digits) _____

Bank Account Number _____

Vendor Contact _____

Contact E-mail Address _____

Contact Phone Number _____

The following individuals are authorized to request changes to ACH payment information.

Name _____ Name _____

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Position _____

Authorized Signature _____ Date _____