PRINT CLEAR

ACH VENDOR PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. Recipients of these payments should contact their financial institution to complete the Financial Institution section of this form.

CREDIT UNION INFORMATION		
NAME Tyndall Federal Credit Union		
ADDRESS 3109 Minnesota Ave.		
CITY Panama City	STATE FL	ZIP CODE 32405
CONTACT PERSON AP Specialist	CONTACT EMAIL jpeters@tyndall.org	CONTACT PHONE (850)747-4487

VENDOR INFORMATION		
NAME	SSN# OR TAXPAYER ID#	
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	CONTACT EMAIL	CONTACT PHONE
NOTIFICATION EMAIL SAME AS ABOVE? YES ☐ NO ☐	NOTIFICATION EMAIL (if different)	

FINANCIAL INSTITUTION INFORMATION		
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
ACH COORDINATOR NAME	COORDINATOR EMAIL	COORDINATOR PHONE
NINE-DIGIT ROUTING TRANSIT NUMBER [ ][ ][ ][ ][ ][ ][ ][ ]		
DEPOSITOR ACCOUNT TITLE		
DEPOSITOR ACCOUNT NUMBER		
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS		