



Vendor ACH Payment Enrollment Form

Important Notice:

For security reasons, you must password protect your ACH application.

Please follow the Instructions below to protect your PDF:

- Complete your ACH payment request form below
- Click "All tools" (Top left of the screen)
- From the dropdown menu, select "Protect a PDF"
- Select "Protect with password"
- Make sure that "Viewing" is selected
- Type your password
- Re-type your password
- Click "Apply" (Your document is now protected)
- First, email the password *separately* to accountspayable@polk.edu
- Next, email your completed form

Please, allow 24 to 48 hours for your application to be processed.



Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following:

New

Change

Vendor/Company Information

Name:	Polk State Vendor number (if known):
Current Mailing Address:	
Taxpayer ID (FEIN):	Contact Person Name:
Contact Phone:	Contact Email Address:

Financial Institution Information

Name:		
Address:		
Nine-digit Routing Transit (ABA) Number:		
Account Number:		
Account Type:	Checking	Savings
Name and Title of Payee or Authorized Official (please print):		
Signature:	Date:	

Did you include a voided check or bank letter with letterhead to receive payments electronically?

A taxpayer ID is required for vendor verification. An email address is required to participate in this program.

Send this form and voided check to:

OR

Form and voided check image can be emailed to:

Polk State College
Attn: Accounts Payable – Electronic payment enrollment
Mail Station 7
999 Avenue H, NE
Winter Haven, FL 33881

Accountspayable@polk.edu

Please put electronic payment enrollment in the subject line.