



**WEST CHESTER TOWNSHIP  
FINANCE DEPARTMENT**

9113 Cincinnati-Dayton Road  
West Chester, OH 45069-3840

T | 513-777-5900  
F | 513-779-9369

[westchesteroh.org](http://westchesteroh.org)

**ACH Authorization Form**

I hereby authorize West Chester Township to initiate entries to the checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until West Chester Township receives notification in writing to cancel Automated Clearing House payments in such time to afford West Chester Township and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Vendor Name (Please Print)

\_\_\_\_\_  
Email Address (required) for payment notification (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address (Please Print)

\_\_\_\_\_  
Name of Financial Institution (Please Print)

\_\_\_\_\_  
Address of Financial Institution - Branch, City, State, Zip (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Financial Institution Routing Number

Checking/Savings Account Number

**(Circle One)**

These Numbers are located in the bottom of your **check** (not a deposit slip) as follows:

⋮ 1 2 3 4 5 7 8 9 0 ⋮ 1 2 3 4 5 7 8 9 0 1 2 3 ⋮

**Routing Number**

**Account Number**

\*A Fee of \$25.00 will be charged to your account if funds are unavailable at time of transfer.

Remittance notifications will be from email address [Gemstone@westchesteroh.org](mailto:Gemstone@westchesteroh.org), be sure to add to your contact list.

Office Use Only	
Vendor #	
Date Entered	