

Vendor EFT Enrollment Form

The Vendor EFT Enrollment Form is for Jackson Township vendors. Electronic Funds Transfer (EFT) is the preferred form of payment. With EFT, payments will be electronically deposited into your designated bank account through the Automated Clearing House (ACH). A remittance listing all invoices paid will be sent to the email address listed below. Upon receipt of this form, Jackson Township may contact you for verification.

Please send the completed & signed form along with an original voided check or bank letter to:

Jackson Township, Stark County, Ohio
Fiscal Office- Accounts Payable
5735 Wales Ave NW, Massillon OH 44646
apclerk@jacksontwp.com

Payee Information

Payee Name (must match the W-9 on file)	
Taxpayer ID or SSN (last 4)	
Street Address	
City, State, Zip	
Contact Name	
Phone Number	
Email Address (required to receive remittance)*	

*Remittance notifications will be from apclerk@jacksontwp.com, be sure to add this to your contact list.

Financial Institution Information

You must submit a confirmation of account information on bank letterhead or a voided check. Starter checks and deposit slips are not acceptable. When submitting documentation on bank letterhead, it must include the financial institution's name, address, routing transit number, account number, and account type (checking or savings).

Bank Name	
Bank Address	
Account Type (checking or savings)	
Account Holder Name	
	Bank letter or voided check is REQUIRED
Routing Transit Number (9 digit number)	
Account Number	

Certification

I hereby authorize Jackson Township, Stark County, Ohio to initiate entries to the checking/savings account at the financial institution listed above, and if necessary, initiate adjustments for any transactions credited/debited in error. This authorization remains in effect until I revoke it in writing and submit it to the Township with sufficient time for accounting adjustments. Your signature confirms that you are an authorized representative of the entity/individual listed.

Printed Name	
Authorized Signature	
Title	
Phone Number	
Date	