



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Health and Wellness Division

ELECTRONIC PAYMENTS INITIATIVE

FREQUENTLY ASKED QUESTIONS

How do I benefit from receiving Electronic Payments?

Electronic payments allow you to 1) eliminate the risk of mailing delays, 2) have immediate availability to funds 3) avoid the hassle of travel time to deposit checks and 4) avoid having to wait for clearance.

How can I eliminate waste and save time and money?

Automated Clearinghouse (ACH) payments are deposited directly into your bank account electronically.

How can I enroll in the Automated Clearinghouse (ACH) Program?

To enroll in the ACH program, complete Section A of the enclosed ACH Enrollment form. Forward the enrollment form to your branch manager or other banking official at your financial institution to verify the ACH account information for your company and complete Section B. Return the completed and signed form to the same agency that currently receives your invoices. If you maintain more than one bank account that receives deposits from the District of Columbia, a separate form must be completed for each account.

What is the ACH Process?

When a completed and signed application is received by the District agency, your company's information will be updated to include your banking data and change your payment method from check to ACH.

What is the effective date for the ACH payment enrollment?

Upon enrollment, you should begin receiving ACH payments in your next payment cycle; however, depending on when your enrollment form is processed it may take two payment cycles for you to begin receiving ACH payments.

How do I change my ACH information?

To change account information, simply complete an ACH Vendor Payment Enrollment form, indicating in Section A "Correction/Change". Forward the document to your financial institution for completion and return it to your paying agency for processing.

How do I cancel ACH participation?

To cancel your ACH participation, complete an ACH Vendor Payment Enrollment form, indicating in Section A "Cancellation" or send a letter to your paying agency.

Who do I contact with questions?

Kindly contact Melbern McCoy by telephone at 202-442-9272 or via email at melbern.mccoy@dc.gov between the hours of 8 a.m. and 5 p.m., Monday through Friday.

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

Check the box that applies:

New Form

Correction/Change

Cancellation

Vendor/Payee/Company Information	
Vendor Name*	_____ EIN or SSN* _____
Vendor Number*	_____
Address*	_____
Vendor Contact Name*	Vendor Contact Phone Number* _____
	Alternative Phone Number _____
*Required Information	

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor
(Please type or print) _____

Signature of Authorizing Company Official for Vendor _____

Date _____

