



ACH Payment Enrollment Form

Please read and complete the entire form before submitting. Incomplete forms may delay processing.

Organization Details

Name: *FIRST* (For Inspiration and Recognition of Science and Technology)

Address: 200 Bedford Street, Manchester, NH 03101

Contact Person: Accounts Payable

Email: apstatements@firstinspires.org



To submit the completed form, please upload it via our secure link: [\[Secure Upload Link\]](#)

Vendor Details

Name: _____

Address: _____

Phone: _____

Banking Information

Bank Name: _____

Bank Address: _____

Routing Number: _____

Name on Bank Account: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Account Use: ☐ Corporate ☐ Personal

Authorization and Signature

By signing below, I authorize *FIRST* to electronically deposit payments into the account listed above and agree to allow *FIRST* to store this information securely. I understand that I must notify *FIRST* immediately if my banking details change.

Signature: _____

Date: _____

Phone: _____

Instructions

1. Complete the Vendor Details section of the form.
2. Provide your Financial Institution Information.
3. Sign the form.
4. Upload the completed form via our secure link: [Secure Upload Link]
5. We will verify your bank information before issuing any payments.
6. Notify us immediately if your banking information changes.