

Vendor Information

California Mental Health Services Authority

Vendor ACH Form

This form is used for Automated Clearing House (ACH) enrollments. Please fill out all sections of the form. Once complete, please submit form to finance@calmhsa.org for processing.

If for any reason a vendor wishes to cancel or change their ACH enrollment status, the onus is on the Vendor to notify CalMHSA.

Vendor Name:			
Vendor Tax ID:			
Street Address:			
City, State, Zip:			
Contact Person Name	e:		
Contact Number:			
Contact email:			
Financial Institution Information			
Branch Name:			
Account type:	Checking	Savings	
Bank telephone number:			
Routing Number (9 digits):			
Account Number:			
Authorized name:			
Authorized Title:			
Authorized signature	:		Date: