

From: Mary Connolly
Sent: Friday, October 05, 2018 1:45 PM
Subject: FW: vendor payments by ach transfer

In the last fiscal year, one third of all payments made by the Chancery were done by ach transfer rather than by check and this number is set to rise this year due to the efforts of Chandra in the CSF department. This process reduces resources significantly, less paper and postage and less time spent by check signers. It benefits vendors and employees who receive payments/reimbursements directly into their bank accounts. It also reduces problems caused by checks lost in the mail, lost by vendors or left uncashed for a variety of reasons.

I am attaching the form needed to convert vendors and ask that you offer this to your vendors as you process their future invoices. Be aware that some vendors, such as legal and consulting companies already supply the information on their invoices. We automatically convert these companies. If you receive reimbursements and haven't yet signed up, please fill out the form and return to Lourdes or myself. If you want to sign up and don't have your banking information handy, I can get it from our payroll records. However, I would need an email from you to give me permission to do so.

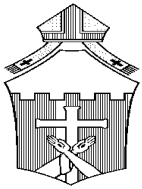
Please let me know if you have questions about this.
Mary



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**ARCHDIOCESE OF SAN FRANCISCO
ONE PETER YORKE WAY
SAN FRANCISCO, CA 94109**

ACH AUTHORIZATION FOR DIRECT PAYMENTS VIA ACH

Company Name: _____
Vendor Account _____
Number: _____

I (we) authorize the **Archdiocese of San Francisco (ADSF)** to electronically **credit** my (our) account (and, if necessary, electronically **debit** my (our) account to correct erroneous credits) at the depository financial institution named below. I (we) agree that ACH transaction I (we) authorize comply with all applicable law.

Bank Name: _____
Routing Number: _____ Account Number: _____
Email Address (to send payment receipt): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify **ADSF** in writing that I (we) wish to revoke this authorization.

Name: _____
Title: _____ Date: _____
Signature: _____

*** Please attach a copy of a voided check or deposit slip to this form ***

Joe Smith 1234
1234 Anystreet Court
Anycity, AA 12345

Pay to the order of _____
_____ Dollars

Bank Anywhere
⌋ 123456789 ⌋ 123456789123 ⌋ 1234

Routing Number
Account Number
Check Number

ADSF Finance Office Use Only			
Date Received:		Date Entered:	
Verified By:		Entered By:	