



## ACH VENDOR SETUP



The following information is required for each vendor whose payments will be processed using the ACH Electronics Payments feature of Ultimate EDGE for **Mt. Healthy City School District**.

Please fill in all blank fields AND return to [jdemark@mthcs.org](mailto:jdemark@mthcs.org)

<b>ACH INFORMATION</b>	
<b>VENDORS</b>	
NUMBER	<b>Mt. Healthy will fill in</b>
NAME	
ADDRESS 1	
ADDRESS 2	
CITY	
STATE	
ZIP	
EMAIL ADDRESS	
CONTACT PHONE	
<b>VENDOR ACCOUNT INFORMATION</b>	
ACCOUNT NUMBER	
TYPE (Checking/Savings)	
ROUTING / TRANSIT NUMBER	
VENDOR STATUS	<b>Mt. Healthy will fill in</b>
TRANSACTION TYPE (CCD OR PPD)*	
SIGNATURE	

*By signing, I am authorizing Mt. Healthy City Schools to initiate electronic debits to the above bank account for payment of invoices. If I want to cancel this service, I must contact Mt. Healthy City Schools in writing.*

Please make sure that we are not blocked from your account. If we are blocked, there will be a delay in payment. Contact 513-728-4988 if you need more information or have any questions.

**\*Transaction Type:** CCD-Corporate Credit or Debit Used for ACH payments to companies.  
PPD-Prearranged Payment and Deposit Used for ACH payments to individuals.

Once Mt. Healthy City Schools has updated records with the above information, an email notification will be sent to each vendor when a payment is made, with a copy of the check attached.