

**California HOSA, Inc. now offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors/chapters. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.**

**Signing up for Vendor ACH payments provides several benefits for our vendors:**

**Quicker Payments**

ACH payments are a faster method of payment.

ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.

Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

**Less Hassle**

ACH payments eliminate the need for paper checks.

Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.

You will receive notification and remittance advice for each ACH payment via email.

Save time by not traveling to the bank or waiting in line to deposit your check.

**If you have any questions about our ACH payments program, please feel free to contact our Finance team by email at [California@ctsofinance.org](mailto:California@ctsofinance.org).**



## ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. (Note this likely will not be the same information for receiving payment via wire transfer, which CA HOSA is not offering in this enrollment)  
 You must check with your financial institution to confirm funds have been deposited.  
 Information on this form is subject to additional verification.

VENDOR/CHAPTER INFORMATION (Remit Address)  New Request  Change Request

|  |             |                               |                   |
|--|-------------|-------------------------------|-------------------|
| <b>VENDOR NAME</b>   |             | <b>TAXPAYER ID (Required)</b> |                   |
| <b>ADDRESS</b>   | <b>CITY</b> | <b>STATE</b>                  | <b>ZIP</b>        |
| <b>ACCOUNTING CONTACT NAME</b>   |             | <b>TELEPHONE NUMBER</b>       | <b>FAX NUMBER</b> |
| <b>EMAIL ADDRESS (PRINT CLEARLY) - *Required to receive remittance</b> |             |                               |                   |

### FINANCIAL INSTITUTION INFORMATION

|                                   |                                      |                       |            |
|-----------------------------------|--------------------------------------|-----------------------|------------|
| <b>BANK NAME</b>                  |                                      |                       |            |
| <b>ADDRESS</b>                    |                                      | <b>STATE</b>          | <b>ZIP</b> |
| <b>ACCOUNT NAME</b>               | <b>ACH ROUTING NUMBER (9 DIGITS)</b> | <b>ACCOUNT NUMBER</b> |            |
| <b>ACCOUNT TYPE</b>               | <b>CHECKING</b>                      | <b>SAVINGS</b>        |            |
| <b>PAYMENT ID (IF APPLICABLE)</b> |                                      |                       |            |

### Certification:

I certify I am responsible for notifying any changes to the information provided above to CA HOSA.  
 I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.  
 I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above-named company, hereby authorize CA HOSA to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by CA HOSA. CA HOSA reserves the right to cancel or suspend this authorization at any time.

### Authorization:

|                          |           |       |      |
|--------------------------|-----------|-------|------|
| Authorized Official Name | Signature | Title | Date |
|--------------------------|-----------|-------|------|

Please submit the completed form along with a VOIDED CHECK and a copy of your most recent W-9 Form to:  
[https://leadable.info/CAHOSA\\_ACH](https://leadable.info/CAHOSA_ACH)

\*\*\*A voided check or bank confirmation letter and a W-9 is required to process this form.\*\*\*