

Electronic Payments Request

Division of the Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 3200, Rockville, Maryland 20850

I hereby authorize Montgomery County Public Schools (MCPS) to initiate accounts payable payments through either Automated Clearing House (ACH) or Single-Use Accounts (SUA) payment methods and, if necessary, process adjustments to my account for payments made in error.

MCPS has partnered with J.P. Morgan Chase to use their SUA payment method. For all suppliers who currently accept credit card payments, MCPS recommends that you enroll in SUA each time your invoices are due. A SUA is a card-based payment solution that acts like a check by providing a 16-digit virtual account number for each payment, which allows you to set each SUA with a credit limit that matches the specific payment amount.

- Requesting ACH payment, complete Parts 1, 2, and 3
 Requesting SUA payment, complete Parts 1 and 3 only

Date ____/____/____

PART 1: COMPANY INFORMATION OR INDIVIDUAL

Company Name	
Tax Identification #	Dunn & Bradstreet (D&B) #
Accounts Receivable Contact Person's Name	Accounts Receivable Contact Person's Email
Remittance Email, if different (<i>Email ADDRESS IS REQUIRED. Remittance information will be sent to this email address</i>)	
Accounts Receivable Contact Person's Telephone #	Accounts Receivable Contact Person's Fax #

PART 2: BANK INFORMATION (for ACH payment method only)

Bank Name		
Street Number	Street Name	
City	State	Zip Code
Business Telephone #	Extension	
Name on Bank Account		
Bank ABA Routing # (<i>bottom of check</i>)	Bank Account Number	

Please be aware that some banks have a different ABA number for ACH, and wire transfers. Please confirm with your bank the correct ABA number for your payment method.

PART 3: AUTHORIZING SIGNATURE

By signing this form:

- I am legally authorized to represent the above organization.
- I agree that the above information is accurate.
- I authorize MCPS to deposit payments via payment method selected above.
- I understand that the remittance advice will be sent via email to the contact email address listed above.

Authorized Signature _____ Name (Print) _____

Title _____

Please mail, fax, or email the completed form to the address below to initiate ACH or SUA processing setup. You will be established as an electronic payment supplier, and payments will be made via ACH or SUA upon completion. ACH requests will take at least 4-5 business days to process.

Due to high fraud risk, any check payment needs to be picked up at the Controller's office; must bring proof of identification.

Questions regarding this form or your transactions should be directed to the accounts payable department at the address/number below:

MCPS Division of Controller
Accounts Payable
45 West Gude Drive, Suite 3200
Rockville, Maryland 20850

Phone: 240-740-7500
Fax: 301-279-3031
Email: SUA@mcpsmd.org