



Bill & Melinda Gates Foundation
Attn: Accounts Payable
PO Box 23350
Seattle, WA 98102
ACH@gatesfoundation.org

ACH Enrollment Form Information

As part of our continuing efforts to provide excellent service to our valued partners, we are pleased to offer you the option of payments via automated clearinghouse (ACH).

Why Should You Enroll?

You will streamline your receivables process because funds will be automatically deposited into your account within two to four business days. This frees your staff's time and gives you access to your money sooner, as you will no longer need to wait for a check deposit to clear.

How Does It Work?

To enroll in the program, complete the following ACH enrollment form and return it to the address on the form. Once your application is approved, you will be eligible for payment via ACH within 15 business days.

Please continue to submit your invoices as you currently do today; payment via ACH will not affect the invoice submission process.

If you have any questions, please do not hesitate to contact our Accounts Payable department directly at:

Bill and Melinda Gates Foundation
The Accounts Payable Department
Email: apinquiry@gatesfoundation.org
Phone: (206) 709-3100

VENDOR ACH ENROLLMENT FORM

Return completed form via email to: ACH@gatesfoundation.org

OR mail to:

Bill & Melinda Gates Foundation

Attn: Accounts Payable

PO Box 23350

Seattle, WA 98102

Instructions:

Please complete the fields below, sign, and return the form to the foundation. Fields highlighted in yellow may be filled out electronically prior to printing. Forms may be returned via email or standard mail.

VENDOR INFORMATION

Vendor Name:

Federal Taxpayer ID:

Account Status: ☐ New Account Set Up ☐ Change Account Profile
(check one)

Email address for remittance advice:

Primary Contact Name:

Primary Contact Phone/Email:

BANK INFORMATION

Account Type: ☐ Checking ☐ Savings ☐ Other Please describe:

Bank Name:

Bank Routing Number: (ABA)

Bank Account Number/IBAN:

Bank City & State:

AUTHORIZATION

Please enroll the vendor indicated above (the "Vendor") in the Bill & Melinda Gates Foundation (the "Foundation") ACH disbursement program. I certify that I am an authorized representative of the Vendor and that I have the authority to authorize receipt of payment on the Vendor's behalf. The Vendor agrees to hold the Foundation harmless, and agrees to reimburse the Foundation for all penalties and fees incurred as a result of any delay or failure by the Vendor to receive payment caused by any inaccuracy, ambiguity or omission of any kind whatsoever in the bank account data submitted by the Vendor above. The Parties acknowledge that the origination and receipt of ACH transactions to the account set forth above must comply with the provisions of U.S. law. This authorization will remain in full force and effect until the Vendor or Foundation has received written notice of its termination from the terminating party in such time and manner as to afford the other party and financial institution(s) a reasonable opportunity to act upon said termination request.

Authorized Vendor Signature:

Date:

Print Name:

Title:

Accounting Use Only:

Vendor ID:

Date Updated:

Updated By:

Comments: