



CITY OF CANTON

2 North Main, Canton, Illinois 61520

ACH Vendor Form

In order to process your next payment, please fill out the following information and provide a copy of a **void check or deposit slip**.

Vendor Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Checking/Savings Account Name: _____

Checking/Savings Account Number: _____

(Please indicate type of account by circling Checking or Savings)

Banking Routing Number: _____

Authorized Account Signature: _____

Date: _____

Payment information will be e-mailed to you approximately two days prior to the funds being credited to your bank account. If you have questions, please contact me.

Crystal Wilkinson
City Treasurer
cwilkinson@cantoncityhall.org
309.647.6691

Please mail to: City of Canton
Treasurer/Accounts Payable
2 N Main St
Canton IL 61520
Or fax to: **309.647.1310**