



## ACH PAYMENT ENROLLMENT FORM

Upon completion of this agreement please either:

Email Form to: [AccountsPayable@duqlight.com](mailto:AccountsPayable@duqlight.com)

OR

Fax Form to: 412-393-5575

New Request

Change Request

Method of electronic funds transfer is in CTX format

**Remittance Email:** Required if you would like to receive remittance advice for each payment

### Vendor Information :

Vendor Name:

Federal Tax ID:

Vendor Remit to Address:

Company Contact Name:

Contact Phone Number:

Contact Email:

***Notice:** There are unique processing requirements for ACH vendor payments that are being sent to a financial outside of the United States. As a result, Duquesne Light Company does not offer ACH directly to a foreign bank or to a U.S. financial institution where the entire amount of our payment is then forwarded to a financial institution in another country.*

### Banking Information

Bank Name:

Phone Number:

Branch Address:

Transit/ABA#

Account Number:

Account Type:      Checking Only – a voided check must accompany this form in order for request to be processed

**Authorization:** If you have any questions regarding this agreement or your enrollment, please contact [AccountsPayable@duqlight.com](mailto:AccountsPayable@duqlight.com)

I (we) hereby authorize Duquesne Light Company to initiate credit entries to my (our) account at the financial institution named above. I also authorize Duquesne Light Company to initiate debit entries from this account in the event that a deposit is made in error in an amount not to exceed the original deposit amount. Further, I agree not to hold Duquesne Light Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied on this application or by my (our) financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Duquesne Light Company receives a written notice of cancellation from me (us) in such time and manner as to afford Duquesne Light Company a reasonable opportunity to act upon it. Duquesne Light Company may terminate this agreement at any time by giving me (us) written notice of such termination.

Authorized Official Name:

Title:

Authorized Official Signature:

Date: