



*A Community Action Agency Serving Southeast Minnesota Since 1966!*

204 South Elm, PO Box 549, Rushford, MN 55971-0549  
Phone: 507-864-7741 Fax: 507-864-2440  
Visit: [www.semCAC.org](http://www.semCAC.org) Email: [semCAC@semCAC.org](mailto:semCAC@semCAC.org)

To: Vendors  
From: Chuck Roamer, Fiscal Director  
RE: ACH Electronic Payments

Semcac now offers Vendors the option to receive their payments electronically via ACH (Automated Clearing House). Some of the benefits include faster receipt and deposit of payments to your bank account, no lost checks, and no cost to your company.

If this is something you or your company would be interested in participating in, please complete the enclosed form and return it to the Semcac office. A payment advice detailing what is being paid and the total amount deposited into your bank account will be emailed to you.

If you have any questions, please contact Chuck at (507)864-8218.

Dodge County	Fillmore County	Freeborn County	Houston County	Mower County	Steele County	Winona County
634-4350	765-2761	373-1329	725-3677	433-5889	451-7134	452-8396

With additional programs operated in Goodhue, Olmsted, Rice and Wabasha Counties

*Please remember Semcac programs in your financial and estate planning. Your legacy is a gift to the future.*

An Equal Opportunity Employer



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**DIRECT DEPOSIT APPLICATION FORM**

STATUS:

New Enrollment       Change       Discontinue

On behalf of (below named entity), I have authority to and hereby authorize Semcac to make payment of written claims submitted to Semcac by electronic deposit to the account listed below until this authorization is revoked in writing and upon reasonable notice to Semcac. I further authorize Semcac to electronically and without notice deduct from this account any funds mistakenly deposited therein by Semcac.

I hereby declare that written claims submitted to Semcac are and will continue to be just and correct and that no written claim shall be submitted where such a claim has already been paid. If any written claim submitted to Semcac has also been paid, I hereby authorize Semcac to electronically, and without notice, deduct from this account any funds paid on a claim that has already been paid.

**Application information:**

Company Name or Individual \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

**Bank Information:**

Name of Bank \_\_\_\_\_  
Routing Transit Number (9 digits) 

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Account Number 

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(Please check one)     Checking Account     Savings Account

**\*\*\*\*\*Please include a voided check blank\*\*\*\*\***

Account Holder's Signature \_\_\_\_\_  
Position (if applicable) \_\_\_\_\_

Return to:  
Semcac  
PO Box 549  
Rushford, MN 55971  
Fax (507) 864-2440

Dodge County 634-4350    Fillmore County 765-2761    Freeborn County 373-1329    Houston County 725-3677    Mower County 433-5889    Steele County 451-7134    Winona County 452-8396

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