

ACH Payment Request Form



Vendor Information

Tax ID #: _____

Business Name: _____

Address: _____

Contact Name: _____ Phone: _____

Remittance Email: _____

Remittance Method (Check One):

CTX sent to your bank and your bank rebuilds the remittance

(Note: Your bank must be able to handle CTX format)

CCD+ which provides limited addenda information

Bank Information

Bank Name: _____

Bank Account Name: _____

Bank Account Number: _____

Bank ABA (Routing) Number: _____

Bank Address: _____

South Carolina Public Service Authority (aka Santee Cooper) is authorized to initiate payment via ACH using the banking instructions listed above. This authorization is to remain in full force and effect until Santee Cooper receives written notification of any changes or termination in such time and manner (minimum of 30 days) as to afford Santee Cooper the ability to make said changes.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

*Remit to Santee Cooper Accounts Payable at AccountsPayable@santeecooper.com or PO Box 2946101, Moncks Corner, SC 29461-6101

Santee Cooper Employee Use Only

Vendor Name _____ Vendor Site _____ Vendor Number _____

P.O. Box 2946101 | Moncks Corner, SC 29461-6101 | One Riverwood Drive | Moncks Corner, SC 29461-2901 | (843) 761-8000