CARIBBEAN FISHERY MANAGEMENT COUNCIL

Electronic Payment Information Form

ACH Direct Deposit Authorization

Please complete this form to receive payments by Automated Clearing House (ACH).

1. PARTICIPANT INFORMATION

Participant and Business Name*: _____

Financial Institution (Bank) Name *: _____

Account Number *: _____

ABA/Routing Number (9-digit) *: _____

Account Type*: ☐ Checking ☐ Savings

Mailing Address *: _____

City*: _____ State*: _____ ZIP Code*: _____

2. PRIVACY NOTICE

The information requested on this form is collected solely for ACH payment processing.

Your information will be treated as confidential and used only for authorized payment processing.

3. SUBMIT COMPLETED FORM TO

CONTACT

Vivian Ruiz Camacho | Accounting Technician Email: vivian_ruizcamacho_cfmc@yahoo.com

Office: (787) 766-5926 Mobile: (787) 408-7473

ADDITIONAL CONTACTS

Luz Gonzalez | Administrative Officer Email: luzgonzalez_cfmc@yahoo.com

María de los A. Irizarry| Fiscal Officer Email: mairizarry_cfmc@yahoo.com

4. OFFICE USE ONLY

Panel: _____Account: _____Date Received: _____Verified By: _____

Thank you for completing the Electronic Payment Information Form.

CFMC-ACH-FORM (Rev. 08/2026)