



## ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by the City of Fair Oaks Ranch to transmit payment data, by electronic means, to a vendor's financial institution. Recipients of the payments should bring this information to the attention of their financial institution. **Recipients should also request to be notified immediately regarding any change occurring at the financial institution that may delay or prevent the receipt of scheduled payments.**

### *VENDOR INFORMATION*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

FEDERAL I.D.#: \_\_\_\_\_

A/R EMAIL ADDRESS: \_\_\_\_\_

I, the undersigned, authorize The City of Fair Oaks Ranch to deposit funds directly to the account indicated below. I also authorize the financial institution named below to post these transactions to that account. This authorization will remain in force until the City of Fair Oaks Ranch receives written notice of cancellation from me and has reasonable time to act upon it.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE / PRINT NAME / TITLE**

### *FINANCIAL INSTITUTION INFORMATION*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACH COORDINATOR NAME: \_\_\_\_\_

(9) DIGIT ROUTING NUMBER: \_\_\_\_\_

DEPOSITOR ACCOUNT TITLE: \_\_\_\_\_

DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

\_\_\_\_\_  
**SIGNATURE & TITLE OF REPRESENTATIVE** (\_\_\_\_\_) **PHONE NUMBER**