



## Electronic Funds Transfer Authorization Form

### Vendor Information

Business Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Remit To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Account Information

Bank Routing (ABA) Number (9 Digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name As It Appears on Account: \_\_\_\_\_

**Please Enclose One Of The Following For Verification:**

- Voided Check,  Specification Form From Bank

### Authorization

I authorize the City of Bryan to deposit payment of invoices directly to my savings or checking account via electronic transfer and, if necessary, *Debit Entries* and *Adjustments* for any amount deposited electronically in error. It is my responsibility to notify the *City of Bryan Finance Department at (979) 209-5080* immediately if there are any changes in my banking information or if I believe there is a discrepancy between the amount deposited directly to my bank account and the amount due.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date