

Vendor ACH/Direct Deposit Authorization Form

City of Traverse City Treasurer's Office

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize the City of Traverse City Treasurer's Office to electronically deposit payments to the bank account designated above. It is my responsibility to notify City of Traverse City AP (ap@traversecitymi.gov) or (231- 922-4431) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify City of Travrse City AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until City of Traverse Clty AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via email or fax: ap@traversecitymi.gov or (231) 922-4485

For Office of Accounts Payable Use Only

Date Stamp - Received

AP Reviewed and Approved:

Date: