



CITY OF ORLANDO

ACH / EFT AUTHORIZATION

Payee/Company Information: (Please print)

Vendor Account Name _____

Address _____

City, State, zip code _____

Business Telephone Number _____

Tax Payer Identification number (TIN) _____

Contact name for ACH _____ Phone number _____

Email address where you want ACH advices sent: _____

In lieu of completing the Financial Institution information below, if you would like the City of Orlando to use the ACH information provided by your entity on an invoice or on a letter, send an email to AP_ACH@Cityoforlando.net with an attached W-9, copy of an invoice / letter and the email address where to send the ACH advices.

To be completed by Financial Institution:
Financial Institution (Bank Name) _____
Bank Account Number _____
Routing Number _____
Bank Officer's signature and Title _____

I hereby authorize the City of Orlando to initiate credit transactions to my account. I also authorize the City of Orlando and the depository named above to initiate, (if necessary), debit entries or adjustments of any credit entries in error to my account indicated above.

This authority is to remain in full force and effect until the City of Orlando has received **written notification from me of its termination** in such a manner as to afford the City of Orlando reasonable opportunity to act on it.

If you close or change your banking account number please **notify the ACH payment section in writing immediately at ap_ach@cityoforlando.net** . Failure to do so may result in deposit failure.

Authorized Signature: _____
(Authorized officer or company owner)

Name _____ **Title** _____
(Please print name and title)

Phone Number _____ **Date** _____

FOR ACCOUNTS PAYABLE USE ONLY:
Date Request Received _____ Reviewed by: _____
Date Request Processed _____ By: _____