



CITY OF ORLANDO

ePayables Enrollment Form

Payee/Company Information:

(Please print)

Vendor Account Name _____

Address _____

City, State, zip code _____

Tax Payer Identification number (TIN) _____

Contact name for ePayables _____ **Phone number** _____

Email address where you want ePayables advices sent: _____

I hereby authorize the City of Orlando to initiate credit card transactions on your dedicated City of Orlando Visa card. I also authorize the City of Orlando and Bank of America 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 your merchant account please **notify the ePayables payment section in writing immediately at accountspayable@cityoforlando.net**. Failure to do so may result in deposit failure.

Authorized Signature _____

Name _____ **Title** _____

(Please print name and title)

Phone Number _____ **Date** _____

FOR ACCOUNTS PAYABLE USE ONLY:

Date Request Received _____

Date Request Processed _____ **By:** _____