



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

VENDOR NO: \_\_\_\_\_

Vendor Information **(please type or write clearly)**

<b>Vendor Name &amp; Address</b>
Name:
Address:
City/State/Zip Code:
TIN/EIN or SSN #:

<b>Contact Information</b>
Contact Name:
E-mail Address: <b>(Required)</b>
Contact Phone Number: <b>(Required)</b>

**(please type or write clearly)**

<b>Financial Institution Information</b>
Bank Name:
Bank Address:
Bank Telephone No:
Checking Account number:
Name on Bank Account:
ABA Routing Number ( <b>9 digits</b> ):

\*\*\*\*\*

<b>(Required) (Check one:)</b> Attach one of the following to last page. <input type="checkbox"/> <b>Voided Check/Deposit Slip</b> <input type="checkbox"/> <b>Bank letter or Specification Sheet</b>
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### **Acknowledgment**

Please double check to make sure the above information is correct. The initial setup and any other banking changes may take approximately 10 business days to process. Failure to notify our City of Laredo's Accounts Payable Division at 956/791-7328 of any banking changes will result in payment delay.

I authorize City of Laredo to deposit, by electronic funds transfer, payments owed to this company by City of Laredo. The City of Laredo Finance Department shall deposit the payments in the Financial Institution and account designated above.

AGREED TO AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_

\_\_\_\_\_  
Signature of Authorized Vendor Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Authorized Vendor Representative



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**\*\*\* Attach Voided Check or Deposit Slip to this page. \*\*\***