



## Electronic Funds Transfer Authorization Form

### Vendor Information

Vendor Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

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

Remit to Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank Information

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

Bank Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Bank's ABA/Routing Number

\_\_\_\_\_  
Vendor's Bank Account Number

**\*\*PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION\*\***

### Account Authorization

I authorize the City of College Station to deposit the payment of invoices directly into the aboved referenced account by an electronic funds transfer. I authorize the City of College Station, if necessary, to make **Debit Entries** and **Adjustments** for any amount electronically deposited in error. It is my responsibility to notify the **City of College Station Accounting Department at (979) 764-5020** immediately if there are any changes in the account information or if I believe there is a discrepancy between the amount deposited directly into the account and the amount due from an invoice.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date