

CITY OF ZEPHYRHILLS
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
AGREEMENT FOR VENDOR PAYMENTS

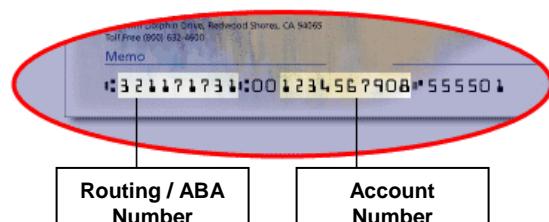
I hereby authorize the City of Zephyrhills (the City) to initiate ACH deposits to my bank account. I hereby authorize the City to initiate credit entries for regular payments to the account listed below and if necessary, debit entries and adjustments needed to correct any credit errors. Any debit entry initiated by the City shall not be for a sum greater than the erroneous entry.

Financial Institution Name

Bank Phone #

Bank Address

Routing / ABA No.



Account No.

Routing / ABA Number

Account Number

Type of Account: Checking Only

It would be helpful, but not required, for you to attach a voided check for verification.

This agreement is to remain in effect until the City has received written notification of its termination in such time and manner to reasonably act on it.

Once you authorize direct deposits into your bank account, you will receive one more check from the City. Your account will be “prenoted” -- a zero dollar ACH entry will be deposited into your account. You will receive an email indicating that a prenote will take place. Please check your account and verify that the zero deposit entry was recorded into your bank account.

After a prenote the City will no longer send you checks. You will receive ACH deposits directly to your bank account along with an email describing what is being paid.

Vendor Name (printed):	Phone #:
Authorized Signature:	Date:
Title (printed):	
Address (City/State/ZIP):	
Email address: (required)	
Owner or CEO Signature:(required)	Email Address(required)

Please be advised that all required information must be provided in order for the ACH Authorization to be processed. Fax the completed form to [813-780-0005](tel:813-780-0005) or mail it to **City of Zephyrhills, Attn: Joy Murphy, 5335 8th Street, Zephyrhills, FL 33542**. Should you have any questions, please call Joy Murphy at 813-780-0000 ext 3555.