



ACH-AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSIT OF CITY OF MELBOURNE WARRANTS

We hereby authorize the Finance Department to initiate credit entries to our account (identified below) in the financial institution named below and authorize the financial institution to credit the same to our account.

This authority is to remain in effect until revoked by us in writing to the Finance Department. Account changes must be reported to the Finance Department thirty (30) days prior to the actual change.

Please complete the following information:

SECTION 1 (TO BE COMPLETED BY VENDOR)

TYPE OF TRANSACTION: ADD CHANGE DELETE

VENDOR NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS IF DEPOSIT NOTIFICATION PREFERRED: _____

FEDERAL TAX IDENTIFICATION NUMBER

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FISCAL OFFICER SIGNATURE: _____ TITLE: _____

SECTION 2

DIRECT DEPOSIT TO BE MADE TO:

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

ROUTING & TRANSIT NUMBER/BANK NUMBER:

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ACCOUNT NUMBER:

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TYPE OF ACCOUNT: CHECKING SAVINGS

BANK OFFICIAL SIGNATURE: _____ DATE: _____

SECTION 3 (TO BE COMPLETED BY FINANCE)

DATE RECEIVED: _____

VENDOR NUMBER: _____

DISBURSEMENT OFFICER APPROVAL: _____