ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT

PLEASE TYPE or PRINT LEGIBLY

(PLEASE CHECK ONE) ☐ NEW ☐ REVISION ☐ REMOVE

I authorize the City of Soledad (The "City") to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If the City erroneously deposits funds into said account, I authorize the City and the financial institution to initiate the necessary transaction(s) necessary to correct the error. This authorization will remain in effect until the City has received written notification from me of its termination and the City has had reasonable opportunity to act upon it.

Name of the Vendor/Payee			Financial Institution Name		
Vendor/Payee Address			Financial Institution Address		
City	State	Zip Code	City	State	Zip Code
Vendor/Payee Email for Vendor Accounts Receivable Dept. (REQUIRED)			Financial Institution Representative Name Title		
Last four (4) digits of Social Security Number ☐☐☐☐ **OR** Last four (4) digits of Tax Identification ☐☐☐☐			Financial Institution Telephone Number		
Vendor/Payee Contact Name			Financial Institution Routing Number (9 Digits) ☐☐☐☐☐☐☐☐☐		
Contact Telephone Number	Contact Fax Number		Account Number ☐ Checking ☐ Savings ☐☐☐☐☐☐☐☐☐☐☐☐		
Is the financial institution indicated above outside the United States? Yes ☐ No ☐					
_____ Print Name and Title of Payee Authorized Official			_____ Payee Authorized Signature Date		

INTERNAL USE ONLY

Vendor ID#	Purchasing Initials	Accounts Payable Initials

Please submit a voided check, drawn on the account listed above, with this form to City of Soledad, Attn: Accounts Payable, 248 Main St., Soledad, CA 93960, or email to Finance@cityofsoledad.com. Please make sure the account number and routing number on the check match the form above.

DocuSigned by:
Anne Brereton
A46091E5DE63489...
County Counsel - Approved as to Form