



## ELECTRONIC VENDOR PAYMENT AUTHORIZATION

Our company, \_\_\_\_\_, hereby authorizes the City of Asheville, hereinafter called CITY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error, to our account(s) and their Financial Institution(s) named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account. This authority is to remain in full force and effect until the CITY has received written notification from us of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Company Officer's name and title :

\_\_\_\_\_

Authorized Company Officer's email address and telephone number:

\_\_\_\_\_

Email Address for ongoing payment notifications (if different from above):

\_\_\_\_\_

Authorized Company Officer's signature and date:

\_\_\_\_\_

Company would like to:

☐

ENROLL in Electronic Funds Transfers for Invoice Payments

☐

CHANGE our Financial Institution's Banking Information for Invoice Payments

☐

CANCEL Our Electronic Funds Transfers for Invoice Payments

Bank Name/City/State: \_\_\_\_\_

Bank ABA/Routing Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Checking or Savings): \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM**