



# Direct Deposit Authorization Agreement

(PLEASE PRINT OR TYPE)

## VENDOR INFO

VENDOR/INDIVIDUAL NAME

VENDOR # (for City Ofc use only)

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

## VENDOR TYPE

INDIVIDUAL

PARTNERSHIP

CORPORATION

TAX ID / SOC. SEC. #

PHONE #

### NEW ACCOUNT:

I hereby authorize the City of Madison and the Financial Institution named below to deposit money due me by electronic transfer to my account. If amounts to which I am not entitled are deposited into my account, I authorize the City of Madison to direct my Financial Institution to return them, upon proper notice to me. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that the City of Madison may withhold any amounts owing to me until such amount is repaid.

### ACCOUNT TYPE

Name of Financial

Transit/Routing #

Account #

CHECKING

SAVINGS

If this is changing banking information, please provide the previous account information.

### PREVIOUS ACCOUNT:

### ACCOUNT TYPE

Name of Financial

Transit/Routing #

Account #

CHECKING

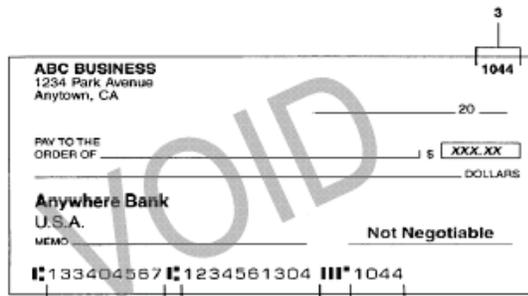
SAVINGS

This authority is to remain in full force and effect until the City of Madison has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act. This authorization may be revoked at any time by the City of Madison. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Signer \_\_\_\_\_



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Note: Attach a voided blank check, a picture of a check or verification letter from your banking institution.