

ACH DIRECT PAYMENT AUTHORIZATION

CITY OF MARCO ISLAND
(239) 389-5008

Vendor # _____

PLEASE CHECK ONE: **NEW** **CHANGE** **CANCEL**

New: In addition to completing Form W-9 also attach one of the following:
Voided check with name imprinted (no starter checks)
Bank letter or specifications sheet (the signature of your local bank representative must be included)

NAME OF PAYEE OR VENDOR: _____
Last First Middle

PAYEE ADDRESS: _____
Street City State Zip

PAYEE PHONE #: _____ E-MAIL: _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) Checking Account Savings Account

Your Financial Institution's Routing Number: _____

Your Account Number: _____

Financial Institution Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION: (check appropriate line)

I hereby authorize the City of Marco Island to provide for direct payment of any invoice or reimbursement due to me into the above designated account.

If at any time the amount of payment so deposited exceeds the amount of payment actually due and payable to me, I hereby authorize the City of Marco Island at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above-designated account.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that the City of Marco Island assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to the City of Marco Island by the financial institution.

I hereby cancel my ACH Direct Payment authorization.

Signature

Date