



VENDOR EFT FORM

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT CREDITS)

Vendor Number

Vendor Name (Please Print)

Tax Identification Number

I authorize the City of Rockford to terminate all previous EFT agreements I have with the City and deposit my entire payment automatically to the account identified below on each payment date.

This authorization will remain in effect until I have cancelled it in writing.

I agree to have an EFT Confirmation sent to the Email address below each payment date.

Email to route confirmation as authorized above: _____

PURPOSE OF AUTHORIZATION (Check One)

New Authorization

Cancellation (Skip to bottom of Form)

Changes to Authorization

Select One:

Checking Account

Savings Account

Name of Financial Institution

City, State & Zip

Bank Routing No.

Account No.

*****PLEASE ATTACH A VOIDED CHECK OR COPY OF A VOIDED CHECK*****

A Deposit Ticket *cannot* be accepted. If you do not have checks, please attach a confirmation form from your bank.

Signature

Date Signed

Cancellation Statement

I request that the City of Rockford terminate my authorized electronic funds transfer of my account. I understand that I must allow a reasonable time for the City of Rockford to act upon my request to terminate this agreement. I agree to receive an actual check instead of a EFT payment. I understand that my check will now be mailed to the remittance address provided on my invoices.

Signature (for Cancellations only)

Date Signed

Please return this form to City of Rockford – Accounts Payable
425 E. State Street 3rd Floor, Rockford, IL 61104
Phone (779) 348-7489 Fax (815) 961-3154