

Vendor ACH/Direct Deposit Authorization Form

City of Davenport Accounts Payable

1. Please Check One:

NEW Direct Deposit CHANGE Direct Deposit CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number

Email Address

3. Financial Institution Information (Attach VOIDED check or Direct Deposit Authorization)

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing /Transit Number (ABA):

Type of Account: Checking Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize the City of Davenport Accounts Payable division to electronically deposit payments to the bank account designated above. I also authorize the City of Davenport to initiate debit entries to the same account indicated above to reverse any payment deposited in error. It is my responsibility to notify the City of Davenport AP division (563-326-7718) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify City of Davenport AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until City of Davenport AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form to: **Office of Assisted Housing**
501 W 3rd St
Davenport, IA 52801

For Office of Accounts Payable Use Only

AP Reviewed and Approved: _____

Date: _____

INTERNAL USE ONLY

Vendor # _____