



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

First time request for ACH payments

Request to change ACH payment information

(Please print or type all information)

Vendor Information:

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Bank Account Information:

I hereby authorize the City of Wilmington to initiate deposits to the CHECKING Account described below: (No Savings Accounts)

Bank Name: _____

Address: _____

City State: _____

Routing/ABA Number _____

Bank Account Number _____

Voided Check Official Bank Letter*

*Required-A voided check or official bank letter must accompany this form before any ACH transactions will occur and for verification purposes. (No deposit slip or specification sheet)

Deposit Notification Information:

I hereby authorize the following individual to receive notification via e-mail of the payment details for all funds deposited to the above account:

Name (Printed or Typed): _____

Email Address: _____

Title: _____

Phone #: _____

Authorization:

Term: This payment method may take up to 14 business days to occur. Payments will continue in the previous method until this change takes effect. This authority will remain in full force and effect until the City of Wilmington has received written notification of discontinuation and in such manner as to afford the City of Wilmington and Depository a reasonable opportunity to change the payment method.

Authorized Signer's Name (Printed or Typed) _____

Authorized Signer's Signature: _____ Title: _____

Phone #: _____ Date: _____