City of Boise

Please submit this agreement along with a **voided check, or a letter from your bank** with routing and account numbers to: Boise City Finance, Attention Accounts Payable, PO Box 500, Boise, ID 83701 or by email to shendrikse@cityofboise.org. If you change banks or bank accounts, please provide the same with at least thirty (30) days written notice. Agreements not signed by an authorizing official will not be accepted.

ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT

PLEASE TYPE or PRINT LEGIBLY

☐ NEW ☐ REVISION (Please Check One)

I authorize the City of Boise City, Idaho ("the City") to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. Additionally, I authorize the City and its financial institution to debit my account for erroneous transactions and deposits. This authorization will remain in effect until the City has received written notification from me of its termination and the City has had reasonable opportunity to act upon it. Further, it is understood it is my choice to include a voided check or not, and if not, then I understand the City may be unable to verify account information and the City will not be held responsible if the information provided on this form is inaccurate.

Name of Vendor / Payee	Tax Identification or Social Security Number
Vendor / Payee Address	Financial Institution Name and Address
City, State	Financial Institution Phone Number ___ - ___ - ___ x ____
Zip Code ____ - ____	Financial Institution Routing Number
Vendor / Payee Contact Name	Account Number
Contact Phone Number ___ - ___ - ___ x ____	☐ Checking ☐ Savings
Email address for remittance information	Name as it appears on account
PRINT Name of Authorizing Official	Title
Authorizer's Signature	Date

INTERNAL USE ONLY

Vendor ID #	Received Voided Check	Date Processed	Vendor Bank Set-up