



VENDOR AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (Deposit)

The City of Cape Coral is offering Vendors the opportunity to receive payments electronically. This free service enables businesses to receive payment by direct deposit and allows for faster receipt compared to a paper check.

NEW CHANGE CANCEL

Vendor Name: _____

Remit Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email Address: _____ Taxpayer ID: _____

(Required for notification of funds deposited to your account and listing of invoices paid)

If modifying a current EFT, provide BOTH banking information. If a NEW EFT, leave "CURRENT" section blank

BANK NAME: _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
NAME ON BANK ACCOUNT: _____	
ACH ROUTING NUMBER: _____	ACCOUNT NUMBER: _____
<i>(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)</i>	

Current EFT Info

BANK NAME: _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
NAME ON BANK ACCOUNT: _____	
ACH ROUTING NUMBER: _____	ACCOUNT NUMBER: _____
<i>(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)</i>	

New EFT Info

I certify that the information provided on this form is correct, and I hereby authorize the City of Cape Coral Accounts Payable Department to electronically deposit payments to the bank account designated above. It is my responsibility to notify the City of Cape Coral Accounts Payable Department 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 the City of Cape Coral Accounts Payable Department in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the City of Cape Coral Accounts Payable Department 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.

SIGNATURE _____ DATE _____

PRINT NAME & TITLE _____