Dr. Karen W. Weaver
Mayor

CITY OF FLINT, MICHIGAN
Department of Finance

Jody N. Lundquist
Chief Financial Officer

Dawn Steele
Deputy Finance Director

RETURN COMPLETED FORM TO:

ACCOUNTSPAYABLE@CITYOFFLINT.COM
OR
FAX TO 810-766-7172

VENDOR ACH AUTHORIZATION FORM

(Direct Deposit Authorization)

I authorize the City of Flint and the financial institution listed below to electronically deposit invoice payments into my bank account. If monies to which I am not entitled are deposited into my account by the City of Flint, I authorize the City to direct the bank to return said funds.

This authorization will remain in effect until it has been cancelled in writing.

_____

Social Security or Employer Identification Number

_____

Business Name (Please Print)

_____

Street Address City State Zip

_____

ACH Coordinator or Contact Person (Please Print) Phone Number

_____

Authorized Signature Title Phone Number

==========

_____

Financial Institution Name (Please Print)

_____

Financial Institution Address (City, State, Zip)

_____ _____

Bank Routing Number (ABA#) Bank Account Number

Account Type (check one) _____ Checking OR _____ Savings

Initial here: _____ Yes, my financial institution can accept ACH formats.

We cannot offer you the ACH option if your financial institution does not accept these formats.

Please E-Mail remittance advice to: _____(cannot exceed 35 characters)