



Dr. Karen Weaver
Mayor

CITY OF FLINT, MICHIGAN Department of Finance

Sylvester Jones
City Administrator

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)