



ELECTRONIC FUNDS TRANSFER FORM

Note: Vendors will be paid by electronic funds transfer (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom of this form.

VENDOR NAME: _____

VENDOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED SIGNATORY: _____

EMAIL ADDRESS: _____

TAXPAYER ID NUMBER or SOCIAL SECURITY NUMBER: _____

I (we) hereby authorize the CITY OF NAPLES, hereinafter called the CITY, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to my (our) account:

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: Checking Savings

This authority is to remain in full force and effect until the CITY has received written notification from your company or authorized representative of the company of its termination in such time and in such manner, as to afford the CITY and the financial institution(s) named above a reasonable opportunity to act on it.

Please tape (do not staple) voided check or savings deposit slip

HERE

Accounts Payable will return forms without a voided slip bearing your financial institution's routing and account number for new direct deposits.

FINANCIAL DEPARTMENT'S USE:

Prenote Date:	Live Date:	Vendor #:
Entered into system:		