

IMPORTANT NOTES TO VENDORS: Please provide a voided check with your request if possible do not include a deposit slip as the account information may be different. Forms not signed by an authorizing official will not be accepted.

	ACH VENDOR PAY	MENT AUTHORIZATION A	GREEMENT	
	Ple	ase type or print legibly		
NEW REVISIO	ON Please Check One			
into my account at the City and the fina remain in effect unt opportunity to act u	the financial institution listed ancial institution to initiate the city has received written upon it. Further, it is understoolle to verify account informated	below. If the City erroneously depeters to correct the correct of	s rendered or goods provided directly posits funds into said account, I authorize ect the error. This authorization will ination and the City has had reasonable eck or not, and if not, then I understand responsible if the information provided	
Name of Vendor/Payee:			Last four (4) digits of either business social security number or tax reporting number	
Vendor / Payee A	ddress	Financial Institut	ion Name (US Only)	
City, State		Financial Institut	ion Routing Number	
Zip Code		Account Number	•	
Vendor/Payee Contact Name		Checking	Savings	
Vendor/Payee Emai	l for Vendor Accounts Receiva	ble – Note: ACH Deposit Advice v	will be sent to this address	
Contact Telephon	e Number			
Print Name of Aut	horizing Official	Title		
Phone Number of	Authorizing Official	Ext.		
Authorizor Signati	ure - REQUIRED	Date		
		INTERNAL USE ONLY		
Vendor ID#	Received Void Check	Date Processed	Accounts Payable Initials	
	•	•		

Please submit this completed form with a voided check, if possible, to APVendor@ci.the-dalles.or.us. You may also submit by mail to City of The Dalles, Attn: Accounts Payable, 313 Court Street, The Dalles, OR 97058. If you change banks or bank accounts, please provide at least thirty (30) days written notice.