



Direct Deposit Authorization Form

Finance Department

Vendor Information

Vendor Name

Address

City, State, Zip

Phone

Fax

Contact E-mail

Financial Information

Bank/Credit Union

Routing Number

Account Number

Account Type

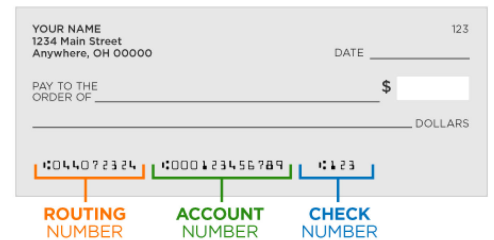
Checking

Savings

Account Holder

Individual

Business



Please submit a **voided check** with this form. If submitting via e-mail, please scan and attach.

Authorization

I authorize the City of Albany to make deposits to my account at the financial institution named above. I authorize the financial institution to accept and credit any entries initiated by the City of Albany. This authorization is to remain in effect until the City of Albany receives written notification of its termination or the closure of any account.

Authorized Signature

Date

Please submit this form in person or via U.S. Mail to
Accounts Payable, City of Albany, PO Box 490, Albany, OR 97321 or by e-mail to
AccountsPayable@cityofalbany.net.

For Office Use Only

Entered by (Initials):

Vendor Number:

Date

Vendor Category

Payroll

Accounts Payable

Purchase Category

Good

Service