



City of Miami

SUPPLIER DIRECT DEPOSIT (ACH) AUTHORIZATION

The City of Miami Supplier Direct Deposit (ACH) Authorization form must be completed and signed by an authorized representative of the Supplier to initiate, change, or stop direct deposit of payments into a designated financial institution. The Supplier must print clearly and attach a voided check, deposit slip, or Bank Verification Letter (on bank letterhead) to this authorization form. Bank Verification Letters must also be accompanied by additional support such as a recent bank statement.

Completed form must be submitted to the City of Miami, Finance Department, Accounts Payable Division via mail at 444 SW 2nd Ave, 6th Floor, Miami, FL, 33130.

SUPPLIER INFORMATION

Name of Supplier:		Supplier Number (if known):	
FEIN/TIN/SSN:	Phone Number:	Fax Number:	
Email:			
Supplier Address:	City:	State & Zip Code:	

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:		Telephone Number:	
Account Number:		Routing Number:	
Address:	City:	State & Zip Code:	
Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Action Requested (select one): <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	

I hereby authorize and request the City of Miami to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account as designated herein. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Attachment: Void/Cancelled Check Deposit Slip
 Bank Verification Letter (accompanied by additional support such as a recent bank statement)

FOR INTERNAL USE ONLY

Entered by:	Input Date:	Effective Date:
Verified by:	Date:	