



CITY OF MIAMI SUPPLIER DIRECT DEPOSIT (ACH) AUTHORIZATION

Supplier Number (if known) _____

Name of Supplier _____

Address _____

FEIN/TIN/SSN _____

Phone Number _____ Fax Number _____

Email address _____

Direct Deposit/ACH Action Request (check one):

Start Change Stop

Checking Account Information

Name of Financial Institution _____

Address _____

Phone Number _____

Account Number _____

Routing Number _____

Voided Check Attached

Signature Date

Signature above signifies agreement with the terms and conditions on the back of this form

Instructions

This authorization form for Direct Deposit/ACH Deposit must be completed and signed by an authorized representative of the Supplier requesting deposit. You must attach a copy or original (marked void) of your bank check. To indicate the action requested, and account type, place a check mark or an "X" to the left of the appropriate choice.

After the form is completed, signed and the appropriate documents attached, it should be returned to the Finance Department of the City of Miami, 444 SW 2nd Ave, 6th Floor, Miami, FL, 33130 or Faxed to 305-416-1987 or emailed to payables@miamigov.com.

Authorization

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 my account at the financial institution named. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination.