



IMPORTANT NOTES TO VENDORS: Please provide a voided check with your request or a letter from a financial institution attesting to the banking information. **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 PAYMENT AUTHORIZATION AGREEMENT

PLEASE TYPE or PRINT LEGIBLY

NEW REVISION (Please Check One)

I authorize the City of Portland, Oregon (the City) to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If the City erroneously deposits funds into said account, I authorize the City and the financial institution to initiate the transaction(s) necessary to correct the error. This authorization will remain in effect until the City has received written notification from me of its termination and the City has had reasonable opportunity to act upon it. Further, it is understood that the City requests that a check or other banking verification be submitted, and if not, then I understand the City may be unable to verify account information and the City will not be held responsible if the information provided on this form is inaccurate.

Name of Vendor / Payee	Last four (4) digits of either business Social Security Number OR Tax Reporting Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
------------------------	--	---

Vendor / Payee Address	Financial Institution Name (US Only)
------------------------	--------------------------------------

City, State	Financial Institution Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------	--------------------------------------	--

Zip Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
----------	---	----------------	--

Vendor/Payee Contact Name	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
---------------------------	--

Vendor/Payee Email for Vendor Accounts Receivable – Note: ACH Deposit Advice will be sent to this address

Contact Telephone Number - ext.

PRINT Name of Authorizing Official	Title
---	-------

Phone number of Authorizing Official _____ ext. _____

Authorizer's Signature - REQUIRED	Date
--	------

INTERNAL USE ONLY

Vendor ID #	Received Void Check	Date Processed	Accounts Payable Initials
-------------	---------------------	----------------	---------------------------

Please submit this completed form along with a W9, a voided check or a letter from the financial institution attesting to the banking information to your City contact person. If you change banks or bank accounts, please provide at least thirty (30) days written notice. Revised: 06/13/2022