CITY OF GRAND ISLAND
100 E 1ST ST
PO BOX 1968
GRAND ISLAND NE 68802-1968
(308) 385-5444 Ext 193

AUTHORIZATION AGREEMENT FOR VENDOR/ACCOUNTS PAYABLE AUTOMATIC PAYMENT (ACH CREDIT)

Vendor Name: _____

Federal ID Number: _____

Phone Number: _____

Email address where notification of payment details should be sent to:

_____

Financial Institution:

Bank Name _____

Address _____

City, State, Zip _____

Phone # _____

Bank Routing # _____

Checking Account # _____

OR *Please select only one account type*

Savings Account # _____

The first time that we process your payment, there is a prenote that will verify the bank information for all future transactions. Therefore, you will receive an actual check the first time, and then ACH thereafter.

I authorize the City of Grand Island Accounts Payable department to initiate electronic entries to credit the checking Or savings account listed above for receipt of invoice payments.

Signature _____

Date _____

Please Note: To cancel this agreement, write or call the office listed at the top of this form. This authority will remain in full force and effect until the City of Grand Island receives written notification of its termination.

Office Use Only: 1st Prenote Email sent on _____ Initial _____