



100 E 1st St / PO Box 1968
Grand Island, NE 68802-1968

Accounts Payable Dept (308) 385-5444 Ext 193

Completed Forms can be Emailed to: accountspayable@grand-island.com or faxed to : 308-385-5565

AGREEMENT WITH VENDOR AUTHORIZING ELECTRONIC PAYMENT BY ACH/EFT

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 payment we process after setting up your bank info will be prenoted to verify the bank info is correct. Therefore, you'll receive an actual check the first time & then ACH/EFT thereafter.

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

Signature _____

Date _____

Please Note: This agreement will remain in effect until the City of Grand Island receives written notification of its termination sent to our Finance Dept by mail, email or fax. Contact info is above.

Office Use Only: Vendor # _____ Bank Code _____ Initials _____