

ACH -AUTHORIZATION AGREEMENT



FOR AUTOMATIC DEPOSIT OF CITY OF MELBOURNE WARRANTS

We hereby authorize the Finance Department to initiate credit entries to our account (identified below) in the financial institution named below and authorize the financial institution to credit the same to our account. **For questions** regarding this form, please **phone** Accounts Payable at **321-608-7026**.

This authority is to remain in effect until revoked by us in writing to the Finance Department. Account changes must be reported to the Finance Department thirty (30) days prior to the actual change.

Please complete the following information and **fax this form** to **321-608-7048**, Accounts Payable:

SECTION 1 (TO BE COMPLETED BY VENDOR)													
TYPE OF TRANSACTION:	ADD	CHANGE	DELETE										
VENDOR NAME:	_____												
TELEPHONE NUMBER:	_____												
EMAIL ADDRESS IF DEPOSIT NOTIFICATION PREFERRED:	_____												
FEDERAL TAX IDENTIFICATION NUMBER:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												
FISCAL OFFICER SIGNATURE:	_____	TITLE:	_____										

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)															
DIRECT DEPOSIT TO BE MADE TO:															
FINANCIAL INSTITUTION NAME:	_____														
ADDRESS:	_____ _____														
TELEPHONE NUMBER:	_____														
ROUTING & TRANSIT NUMBER/BANK NUMBER:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>														
ACCOUNT # OF VENDOR	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>														
TYPE OF ACCOUNT:															
	CHECKING SAVINGS														
BANK OFFICIAL SIGNATURE	DATE														
_____	_____														

SECTION 3 (TO BE COMPLETED BY FINANCE)	
DATE RECEIVED:	_____
VENDOR NUMBER:	_____
DISBURSEMENT OFFICER APPROVAL:	_____