



### Vendor ACH Authorization Form

**1. Please Check One:**

NEW ACH Authorization       CHANGE Authorization       CANCEL ACH Authorization

**2. Vendor/Payee Information**

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

City of Nixa Account # (if needed)

**3. Financial Institution Information**

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:       Checking       Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize the City of Nixa to electronically deposit payments to the bank account designated above. It is my responsibility to notify the City of Nixa ([AccountsPayable@nixa.com](mailto:AccountsPayable@nixa.com) or 417-724-5625) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the City of Nixa in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the City of Nixa has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Information**

Please return completed form via email: [AccountsPayable@nixa.com](mailto:AccountsPayable@nixa.com)

For Office of Accounts Payable Use Only	Date Stamp - Received
AP Reviewed and Approved:  Date:	