



VENDOR AUTHORIZATION AGREEMENT
FOR ELECTRONIC FUNDS TRANSFER
(DEPOSIT)

I hereby authorize the City of Tamarac to initiate deposit entries to my checking/saving account indicated below.

This authority is to remain in effect until the City of Tamarac has received written notification from the vendor of its termination, in such time and in such manner as to afford the company a reasonable opportunity to act on or until the City of Tamarac has sent me ten (10) days written notice of the City of Tamarac's termination of the agreement.

Vendor Name Date

Remit to

Address City State Zip

Contact Name Phone

Email Address

(Required for notification of funds deposited to your account and listing of invoices paid)

Tax Payer ID

Signature

Title

Bank

Bank Address

City State Zip Phone

ACH Routing Number

(Contact your bank to confirm the correct ACH Routing Number - Direct Deposit)

Account Number

Please return this form along with a voided check (or deposit slip if savings account) to:

City of Tamarac
Attn: Accounts Payable
7525 NW 88 Avenue
Tamarac, Fl. 33321-2401
Or Fax to (954)597-3560

For questions or additional information, email accounts.payable@tamarac.org or call (954) 597-3554 or (954) 597-3557