Electronic Funds Transfer (EFT)
Vendor Direct Payment Authorization FORM

This Vendor Direct Payment Authorization Form (Form) is used as an authorization for Electronic Funds Transfer (EFT)/Automated Clearing House (ACH) payments and contains payment-related information processed through the City of Evart's ("City") Automated Payment System. Recipients of these payments should bring this information to the attention of their financial institution when completing this Form. It may take a week or more to set up a vendor for EFT payments. Checks will be disbursed, as applicable, on vendor invoices until the EFT setup has been completed.

PRIVACY ACT STATEMENT The following information is provided to comply with the Privacy Act of 1974. All information collected on this Form will be used by the City to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House System.

ACCOUNT VALIDATION For the purpose of EFT payments, vendors are requested to ensure the account specified on this Form remains active until receipt of the last anticipated EFT payment into the referenced account. This assurance will assist in the guarantee of prompt payment. **Please note**: If any vendor's account is deemed "invalid" at any time during the EFT process, that specific vendor will be contacted and a new updated and completed Form will be required.

Section I: Requested Action *(Completed by Vendor)* – Payee checks the box indicating the desired action, e.g. new, change, delete.

Section II: Vendor Information *(Completed by Vendor)* – Payee prints or types *(preferred method)* the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, Federal Employer ID (FEIN) or Social Security Number (SSN), designated contact person, assigned telephone number, and signs the Form. **EVERY VENDOR MUST FILE A COMPLETED AND SIGNED W-9 FORM.**
NOTE: If a corporation, Form must be signed by one corporate officer from each of the following two groups:

Group A	**Group B**
Chairman,	Secretary,
President, or	Assistant-Secretary, or
Vice-President	CFO or Assistant Treasurer

Section III: Financial Institution Information *(Completed by Vendor)* – Vendor prints or types *(preferred method)* the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The vendor checks the appropriate box indicating the type of account to be used (i.e. checking or savings). *NOTE: An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number.*

Section IV: Agency Information *(Completed by City of Evart)* – This section is filled out by the City. It also includes the return address for this Form. The designated contact person's name, telephone number, and fax are also listed, along with an email address. The vendor number may be filled out by the City when the Form is sent out or when the Form is returned to the City.

Instructions for Electronic Funds Transfer (EFT)

Vendor Direct Payment Authorization Form

SECTION I

REQUESTED ACTION *(To Be Completed By Payee – At Least One Field Required)*

Please check appropriate box(es):

☐ New EFT Account ☐ Change in EFT Contact Information

☐ Delete EFT Account ☐ Change in Bank Information

SECTION II

VENDOR INFORMATION *(To Be Completed By Payee – All Fields Required)*

SOCIAL SECURITY NUMBER   or   TAXPAYER IDENTIFICATION NUMBER
(Owner SSN required for sole proprietorships and DBA's)   *(Federal TIN used to file Federal tax return)*

   -   -   -

BUSINESS NAME

STREET ADDRESS   CITY   STATE   ZIP CODE

CONTACT NAME   PHONE NUMBER
                               -      -

E- MAIL ADDRESS *(For remittance notifications - Limited to one email)*

I hereby authorize the City of Evart (City) to initiate deposit (credit) entries and, if necessary, adjustments for any credit entries made in error to the bank account indicated in Section III. I further authorize the financial institution delineated in Section III to correct duplicate or erroneous payments via credit/debit entries.

_____   _____
Signature of Authorized Officer/Payee   Print Name/Title of Authorized Officer

_____   _____
Signature of Authorized Officer/Payee   Print Name/Title of Authorized Officer

This authorization agreement remains in full force and effect until the City has acted on a written request for termination. Such termination must be made in such time and in such manner as to afford the City a reasonable opportunity to act on it. All future payments from the City will be made via EFT until such termination. Funds will be deposited (credited) to the above account based on your financial institution's policy.

SECTION III

FINANCIAL INSTITUTION INFORMATION *(To Be Completed By Payee – All Fields Required)*

FINANCIAL INSTITUTION NAME

STREET ADDRESS   CITY   STATE   ZIP CODE

ACH COORDINATOR NAME   PHONE NUMBER (FIN. INST.)
                               -      -

ROUTING TRANSIT NUMBER *(9 digits)*

TYPE OF ACCOUNT *(Please check appropriate box)*

DEPOSITOR ACCOUNT NUMBER *(not to exceed 17 digits)*

☐ Checking
☐ Savings

SECTION IV – RETURN THIS FORM and COMPLETED W-9 FORM TO:

AGENCY INFORMATION *(To Be Completed By The City of Evart)*	
ADDRESS: 5814 100th Avenue |Evart, MI 49631	VENDOR: CITY OF EVART
CONTACT: Sarah Dvoracek, City Treasurer/Assessor	PHONE NUMBER: 231-734-2181 Verification 1:
EMAIL: sarah.dvoracek@evart.org	FAX NUMBER: 231-734-3917 Verification 2: