



Vendor ACH Authorization Form

200 E. Flint St, Suite 2
Davison, MI 48423
(810) 653-2191
www.cityofdavison.org
jpray@cityofdavison.org

1. Please Check One:

NEW ACH

CHANGE ACH

CANCEL ACH

2. Vendor/Payee Information

Name:

Address:

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

Telephone Number:

Email Address:

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 City of Davison to electronically deposit payments to the bank account designated above. It is my responsibility to notify City of Davison, jpray@cityofdavison.org (810-653-2191) 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 City of Davison in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until City of Davison has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

Please return completed form via email: jpray@cityofdavison.org Or: mail to City of Davison, 200 E. Flint St., Suite 2 Davison MI 48423