

Accounts Payable Electronic Funds Transfer Agreement Form



City of Aspen Finance Department 427

Rio Grande Place, Aspen, CO 81611

Vendor Setup Questions

Finance@aspen.gov

hannah.dodge@aspen.gov

Authorization Agreement

I hereby authorize **The City of Aspen** to initiate automatic deposits to my account at the financial institution named below. I also authorize **The City of Aspen** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The City of Aspen** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The City of Aspen** receives a written notice of cancellation from me or my financial institution, or until I submit a new electronic funds transfer form to the Accounts Payable department.

Payee Information

Payee Name:		SSN or Federal ID#:	
Remit Address:		Remit Email:	

Account Information

Bank Name:		Name on Account:	
Routing #:		Account #:	

Contact Information / Signature

Authorized Signature:		Date:	
Printed Name / Title:			
Phone Number:			
Email Address:			

ATTACH A VOIDED CHECK OR BANK LETTER HERE

INTERNAL USE ONLY

Request Received from Customer:		In Person		Fax	Email:
Request Verified with Customer:		In Person		By Phone with:	
Employee Name (Printed)					
Employee Signature				Date:	