



CITY OF DECATUR

AUTHORIZATION TO TRANSMIT ACH FUNDS

Name of Bank, Credit Union, etc *

Bank Address *

(i.e.- 201 East Walnut Street Decatur, Texas 76234)

Account Type *

Business Account Personal Account

Account Option *

Checking Account Savings Account

Standard Entry Class Code *

CCD - Commercial PPD - Consumer

Account Name *

Vendor Name *

Transit/ABA Number *

(9 -digit number in the lower left corner of check). Credit Unions have a special ACH routing number.

Please check with them for the ABA routing number.

Account Number *

Notification of ACH transmission and payment detail is made via email. Please provide email address for payment notification.

Email Address

Contact Name

Phone Number

I (we) hereby authorize the City of Decatur to initiate credit entries to my (our) account at the financial institution named above. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the City of Decatur has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City and me (us) a reasonable opportunity to act on it

Authorized Name * _____

Authorized Signature * _____

Submitters Email * _____

Cellphone/Daytime Phone* _____

Someone from the City will be contacting you within a week to confirm the information above.

Please allow one business day after check date for receipt into your bank account. If duplicate payment occurs, The City of Decatur reserves the right to electronically retrieve payment.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN WRITING BY EMAIL AT:

APinvoices@decaturtx.org

FOR OFFICE USE ONLY	
Finance Authorized Signature: _____ Date Received: _____	ENTERED IN STW: _____ REVIEWED BY: _____ ___ New ___ Update _____