

ELECTRONIC FUNDS TRANSFER DEPOSIT AUTHORIZATION AGREEMENT

City of Renton, Attn: Casaundra Commodore, Accounts Payable, 1055 South Grady Way, Renton, Washington 98057, 425.430.6918

Agreement instructions:

1. Fill in the **COMPANY NAME** as it appears on the company's accounts payable check. Provide the company **ADDRESS** and **PHONE NUMBER**.
2. Provide the company **FEDERAL TAX ID NUMBER**.
3. Provide your company's City of Renton **VENDOR NUMBER**. This number is noted on checks from the City of Renton. Or, call 425.430.6919 or 430.6930 for the vendor number.
4. Provide the checking account name(s) that are on your company's **BANK ACCOUNT**. Write the account name(s) exactly as it / they appear(s) on your bank account statement.
5. Provide the checking account **BANK NAME**, the bank's customer service **800 PHONE NUMBER**, your **BRANCH NAME**, and the **BRANCH PHONE NUMBER**.
6. Provide the account's bank **ROUTING NUMBER** and checking **ACCOUNT NUMBER**. These numbers are at the bottom of each check. Provide a voided check for verification.
7. Fill in the authorized person(s) name(s) on the statement below, which statement gives the City of Renton the authority to make EFT direct deposits to the subject bank account.
8. Have the authorized person(s) provide their **SIGNATURE** and **DATE** below. Also provide the **PRINTED NAME** of the authorized person(s), and their **TITLE**.
9. **RETURN** this original, fully completed and signed EFT Deposit Authorization Agreement, along with a voided check (as noted in item 6), to Casaundra Commodore at the address shown above.
10. The payment remittance will be sent by email only. There will be no paper payment remittance sent by mail.

Company Name _____

Address: _____ Phone # _____

Federal Tax ID # _____ Vendor # _____

Name(s) on Bank Account _____

Second Name, if applicable _____

Write name(s) exactly as it / they appear on the bank account.

Bank Name _____ 800 Phone # _____

Branch Name _____ Branch Phone # _____

Checking Account Routing # _____ Account # _____

Provide email address for payment remittance (see item 10 above) _____

Important reminder: You must attach a voided check from your checking account. This is required for verification of the accuracy of your account information. All bank account information is kept confidential!

I / we, _____ and _____
hereby give to the City of Renton the authority to make EFT direct deposits to the bank account described above. I / we understand that if this EFT agreement is to be changed or canceled in any way that I / we must provide 30-day advance written notice to the City of Renton at the above address.

Authorized Signature _____ Date _____

Printed Name _____

Title _____

Authorized Signature _____ Date _____

Printed Name _____

Title _____