



City of Storm Lake
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH CREDITS)**

Name _____ Vendor # _____

Tax id # _____ (For 1099 purposes) Incorporated Yes or No

Address _____

City/State/Zip _____

Email address for notification of payments _____

I hereby authorize the City of Storm Lake, hereinafter called CITY to initiate credit entries to my account indicated below, for direct deposit of invoices .** I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name _____

City _____ State _____ Zip _____

Checking or Savings account (Circle one)

Transit/ABA #. _____ Account # _____

The CITY or any of the undersigned may cancel this authorization upon written notice to the other in such time and in such manner as to afford a reasonable opportunity to act on it.

Signature _____

Printed Name _____ Date _____

**Attach voided check or for savings account a deposit slip.

Office Use Only

Date form received _____

Effective date _____