



City of Nampa

Accounts Payable Direct Deposit Program (ACH) Enrollment Form & Agreement

(Please Print or Type All Information)

Vendor/Payee Name: _____ EIN # (if applicable)

Address: _____

Vendor/Payee Contact Person: _____ Phone: _____

Vendor/Payee Contact Email: _____

Required (Email is for routing remittance information)

AUTHORIZATION FOR DIRECT DEPOSIT

Financial Institution Name: _____

ABA Routing Number: _____ (9 digits)

Depositor Account Number: _____ Type Checking Savings

⋮ 236073801 ⋮ 0005588888 ⋮ 1355 ⋮*
Routing Number Account Number Check

CANCELLATION OF DIRECT DEPOSIT (I hereby cancel my prior authorization for direct deposit of my vendor/payee payment).

CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT DEPOSITOR ACCOUNT NUMBER OR ABA ROUTING NUMBER

Financial Institution Name: _____

ABA Routing Number: _____ (9 digits)

Depositor Account Number: _____ Type Checking Savings

Signature & Title

Date

I hereby authorize the City of Nampa to automatically deposit payments to the account listed above. Submission of the ACH Enrollment Form authorizes the City of Nampa to electronically deposit payments issued by the City of Nampa Accounts Payable Department for travel, refunds, and/or vendor/payee payments, whichever is applicable. The authorization shall remain valid until it is terminated or revoked in writing or by the closing of the recipient's account at the receiving financial institution. The City of Nampa reserves the right to reverse any duplicate or erroneous credit entries.

I certify that I am authorized to enter into this agreement of the account holder. I verify that the information provided on this form is correct and that the City of Nampa may rely on it.

Mail Completed Form to: City of Nampa - Attn: Accounts Payable - 401 3rd Street South - Nampa, Idaho 83651

TERMS AND CONDITIONS

The standard for any payments made on behalf of the City of Nampa is through the Federal Automated Clearing House, commonly known as ACH or direct deposit. To enroll in the ACH payment process, you must have a valid checking or savings account at a financial institution that participates in ACH. Most banks and credit unions participate in ACH.

In order to successfully carry out the City of Nampa's fiscal responsibility, the individual or company agrees:

- To the provisions of the ACH agreement;
- To provide accurate enrollment information;
- That any revised authorization will replace any previous authorization;
- That the City of Nampa reserves the right to reverse any duplicate or erroneous credit entries; and
- That the authorization shall remain valid until it is terminated or revoked in writing or by the closing of the recipient's account at the receiving financial institution.

Submission of the ACH Enrollment Form authorizes the City of Nampa to electronically deposit payments through ACH to the financial institution listed on ACH Enrollment Form pertaining to payments issued by the City of Nampa Accounts Payable Department for travel, refunds, and/or vendor/payee payments, whichever is applicable.

Your authorization shall remain in effect until advanced written notice of termination is produced to the City of Nampa Accounts Payable Department. Such notice should afford the City of Nampa and the financial institution names on the ACH Enrollment Form reasonable opportunity to act on it. It is your responsibility to provide written notice to the City of Nampa Accounts Payable Department immediately of any changes to your financial institution, ABA Routing Number and/or Depositor Account Number.

Written notice to the City of Nampa should be addressed to:

City of Nampa

Attn: Accounts Payable

401 3rd Street South

Nampa, Idaho 83651

Mail Completed Form to: City of Nampa - Attn: Accounts Payable - 401 3rd Street South - Nampa, Idaho 83651