



## ACCOUNTS PAYABLE

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDIT)

I hereby authorize the City of Manistee to initiate credit entries for the direct deposit of Accounts Payable invoice payments to the account indicated below at the depository financial institution named below. ***Please attach a copy of a voided check for this account to ensure the accuracy of the routing and account numbers.***

BANK  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
Checking \_\_\_\_\_ or Savings \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Manistee has received written notification from me of its termination in such time and in such manner as to afford the City of Manistee a reasonable opportunity to act on it. It is the responsibility of the customer to ensure that any changes in their account information are communicated timely to the City of Manistee.

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

Address \_\_\_\_\_

e-mail address for remittance stubs \_\_\_\_\_

For Internal Use Only

Account # \_\_\_\_\_ Date Processed \_\_\_\_\_