



City of Kansas City, Missouri Vendor ACH Application

Section A: Vendor Information

Description of Request: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		Taxpayer ID Type: <input type="checkbox"/> FID/TIN <input type="checkbox"/> SSN	
Vendor Name:		Phone:	
Address:			
City:		State:	Zip Code:
Taxpayer ID Number:		City Vendor Number:	

Section B: Financial Institution Information

Financial Institution Name:		Phone:	
Address:			
City:		State:	Zip Code:
Depositor Routing Number:		Depositor Account Number:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Section C: Financial Institution Certification

I certify that the above depositor routing number and account number to be true and accurate for the vendor shown in Section A.

Printed Name and Title:	
Signature:	Date:

Section D: Vendor Authorization

X Vendor hereby authorizes the City of Kansas City, Missouri to initiate credit entries to the financial institution and account named in Section B above, and to credit the same such account. Vendor acknowledges that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the City of Kansas City, Missouri has received written notification from Vendor of its termination in such time and in such manner as to afford the City of Kansas City, Missouri and the Financial Institution a reasonable opportunity to respond to such a request.

<input type="checkbox"/> Vendor hereby cancels this ACH authorization.	
Printed Name and Title:	
Signature:	Date: