

CITY OF SHREVEPORT

AUTHORIZATION AGREEMENT FOR VENDOR
DIRECT DEPOSIT (ACH CREDIT)

(One form must be completed for each vendor)

I hereby authorize the City of Shreveport, hereafter called THE CITY, to initiate, credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking _____ Savings _____ account (select one) indicated below and the depository named below, hereinafter called The DEPOSITORY BANK, to credit and/or debit the same to such account.

DEPOSITORY BANK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ROUTING NO. _____ ACCOUNT NO. _____

EMAIL _____

This authority is to remain in full force and effect until THE CITY has received written notification from me of its termination in such manner as to afford THE CITY and DEPOSITORY BANK a reasonable opportunity to act upon it.

BANK ACCOUNT INFORMATION

NAME _____ Tax ID# _____

SIGNED _____ DATE _____

Attach a check marked "VOID" to this form and return it to

ACCOUNTS PAYABLE,
City of Shreveport
P. O. Box 31109
Shreveport, LA 71230.

PLEASE NOTE: This authorization must be received 7 days before your invoice is processed in order to process your request through banking channels, beginning with a pre-notification procedure. During this procedure, your first check will be a paper check, and your next check will be automatically posted to your bank account.