



AUTHORIZATION FOR VENDOR DIRECT PAYMENT

All sections must be completed in full.

Type of Action (Please Check One) New Change Cancel

Section 1: Individual/Company Information

Payee/Vendor Name _____ Tax Id # _____
Street Address _____
City, State, Zip Code _____
Contact Name _____ Title _____
Contact Email (for payment confirmation) _____
Phone Number _____ Fax _____

Section 2: Financial Information (IMPORTANT: Please write clearly and verify your information provided)

Financial Institution Name: _____
Financial Institution Phone Number: _____
Checking Account Number: _____
Transit/Routing Number (9 digits): _____

Section 3: Authorization

I, as an authorized agent of the vendor listed in Section 1, certify that the financial information contained in Section 2 of this document is correct and take responsibility for any errors contained in that information. I also authorize the City of Rochester Hills to directly deposit payments to the account indicated above and to correct any errors which may occur from the transactions. This authorization will remain in affect until the City of Rochester Hills receives written notification of change or cancellation. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and follow regulations set by the National Automated Clearing House Association (NACHA).

Signature (authorized agent) _____ Date _____
Name (printed) _____ Title _____

Email completed form to accountspayable@rochesterhills.org. For questions, call (248) 656-4632.

Vendor Direct Payment Form Explained

Type of Action Box: All vendors who are new to the City's Direct Payment program will mark "New". If you are changing bank accounts or financial institutions, mark "Change". If you want to be removed from the program, mark "Cancel".

Section 1: Fill out the legal name and address of the vendor. The tax id will be either your social security number or employer identification number (EIN). This number should match with your W-9. The contact name, email and phone/fax numbers should be for the authorized person who is signing this form.

Section 2: Fill out the full name of your financial institution along with your branch's direct phone number, not a 1-800 number. Provide your account number and routing number. All information provided will remain confidential.

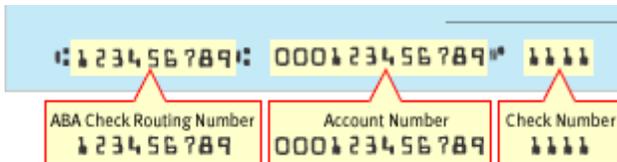
Section 3: This form must be signed by the vendor's authorized agent. Please print your name clearly.

This form must be completed in full for the City to enroll you in our Vendor Direct Payment program. We recommend emailing the form to us at accountspayable@rochesterhills.org so we can verify the validity of your email address, as email notifications will be sent to you regarding payments.

Frequently Asked Questions

Where do I find the transit or routing number for my bank?

Your financial institution routing number can be found on your check. It is the first nine digits on the lower left of your check, followed by your bank account number and check number. If you are unsure, contact your financial institution.



What happens if I change financial institutions or account number or if I need to cancel ACH service?

You must submit a new Authorization for Vendor Direct Payment form and mark the CHANGE or CANCEL box. No changes or cancellations will be made without the completed form.