



**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER
(EFT)**

I hereby authorize the City of Bloomington, Illinois, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME: _____

DEPOSITORY (BANK) ADDRESS: _____

BANK ROUTING/ABA NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT (COMPANY) NAME: _____

This authority is to remain in full force and effect until the City of Bloomington has received written notification from me of its termination in such a time and manner as to afford the City of Bloomington a reasonable opportunity to act on it.

_____ This represents **setup** authorization

_____ This represents a **change** of previously authorized information

AUTHORIZED ACCOUNT SIGNATORY NAME (Please Print)

CONTACT PHONE NUMBER

EMAIL FOR EFT NOTIFICATION

SIGNATURE* DATE

*NOTE: Occasionally certain payments to you may be used by the City of Bloomington to acquire reimbursements from the third party such as the Federal government. By signing this agreement, you agree, upon our request, to provide a notarized letter, which is an acceptable proof of payment, noting the time of service, payment amount and project, if any.

Please mail to:
City of Bloomington
Attn: Vendor Registration
PO Box 3157
Bloomington, IL 61702-3157