

CITY OF CINCINNATI
DIVISION OF PURCHASING
Credit Authorization Agreement
Electronic Funds Transfer



This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. Information collected on this form will be used by the Treasury Department to transmit payment data. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House payment system.

PAYEE/COMPANY INFORMATION

Name: _____
SSN No. or TAXPAYER ID NO. _____
Address: _____
Contact Person: _____
Telephone Number: _____
Additional Information _____

FINANCIAL INSTITUTION INFORMATION

ABA Number: _____
Financial Institution Name: _____
Type of Account (checking/savings/lockbox): _____
Account Number: _____
Account Name: _____
ACH Coordinator & Telephone Number: _____

I hereby authorize the City of Cincinnati Treasurer's Office to process ACH Credit entries to the bank account specified above. This credit will pertain only to Electronic Funds Transfer Payments for the above named Payee.

Signature & Title: _____

Telephone Number: _____

Date: _____

Mail to: City of Cincinnati
Division of Purchasing
Vendor Self Service (VSS)
Two Centennial Plaza, Suite 234
805 Central Avenue
Cincinnati, Ohio 45202

Fax: (513) 352-1533

Questions: (513) 352-2437 (Option 1)

For City of Cincinnati use only:

EFT Authorization Number: _____

Description: _____

Department Initiating EFT: _____

Department contact person: _____

Contract #: _____