



City of Monroe

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AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

****PLEASE DO NOT COMPLETE THIS FORM FOR WIRE PAYMENTS - CITY ONLY USES ACH PAYMENTS CURRENTLY****

Please select one of the following:

First time request for
ACH payments

Request to change
ACH payment information

The following bank information applies to:

Vendor Name: _____

Mailing

Address: _____

City: _____ State: _____ Zip: _____

We offer the following payment terms and conditions to the City of

Monroe: _____

Bank Account Information: I hereby authorize the City of Monroe to initiate deposits to the
Checking Account described below: (No Savings Accounts)

Bank Name: _____

Address: _____

City: _____

Routing/ABA # & Bank Acct _____

Deposit Notification
Information: I hereby authorize the following individual to receive notification
via email of payment **details of all funds deposited** to the above
account:

1. Name (Printed or
Typed): _____
Email Address: _____
Title: _____
Phone #: _____

Term: This authority will remain in full force and effect until the City of
Monroe has received written notification of discontinuation and
in such manner as to afford the City of Monroe and Depository a
reasonable opportunity to act on it.

Officer Name (Printed or
Typed) _____

Signature: _____ Title: _____
Phone #: _____ Date: _____