

## City of Topeka ACH Authorization Form

### Vendor Information

Vendor Name		
Address		
City	State	Zip
Contact Name for Payables	Phone	Ext
E-mail Address for Remittance Advice		

Above named Vendor hereby authorizes City of Topeka to originate Automated Clearing House electronic fund transfer (EFT) credit entries to Vendor's account, as indicated below, for payment.

### Banking Information

Name on Bank Account	Bank Name
Bank Routing Number	Bank Account Number

Type of Account

Checking

Savings

Lockbox

If any changes are made to your banking information, please notify the **City immediately in written form**. Please note if you fail to notify us prior to a payment it may take us up to 30 days to reissue the payment. If you have any questions please call 785-368-3970.

### Vendor Authorization:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Name

\_\_\_\_\_  
Title

### Please complete the above form and return to:

Email to: [lfreeman@topeka.org](mailto:lfreeman@topeka.org)  
 Fax to: 785-368-3975  
 Mail to: City of Topeka  
 Attn: Lorel Freeman  
 215 SE 7th Street, Room 358  
 Topeka, KS 66603

### Official City Use

Vendor Number	Entered by	Date Entered in System
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