



ACH PAYMENT AUTHORIZATION FORM

VENDOR INFORMATION

Payee Name: _____

Payee Address: _____

E-Mail Address: _____

Would you like to be notified when your payment is sent? Yes or No

Phone Number: _____

BANK ACCOUNT DETAILS

Name of Account Holder: _____

Name of Bank: _____

ABA (Routing) Number: _____

Bank Account Number: _____

**I HEREBY AUTHORIZE THAT ALL
FUTURE PAYMENTS DUE FROM THE
CITY OF FREEPORT BE PAID DIRECT TO
THE BANK ACCOUNT DETAILED ABOVE**

Signature: _____

Name: _____

Date: _____ (Please Print)

FOR FINANCE USE ONLY:

Date Received: _____

By: _____

Entered Date: _____

Begin Date: _____

End Date: _____