



# City of Bend Electronic Funds Transfer (EFT) Authorization Agreement

*Mail completed application to: City of Bend, PO Box 1458, Bend, OR 97709 For questions please contact Accounts Payable 541-388-5509*

**Part I - Reason for Submission**

Please Check One:

New EFT Authorization     
  Revision to Current Authorization  
 (i.e. account or bank changes)     
  Cancel EFT Authorization

**Part II – Vendor or Supplier Information**

Vendor / Supplier Legal Business Name		Address	
City, State, Zip		EIN	
Name (Primary contact person as appropriate)		Primary Contact Office Phone Number (     )	
Title		E-mail Address	
Payment information will be sent to the vendor via this e-mail address immediately following payment processing by the Accounts Payable Department.			

**Part III – Depository Information (Financial Information)**

Bank Name	Bank Phone Number (     )
Address Line 1 (Number and Street Name)	
Address Line 2 (Suite, Room, etc.)	City, State, Zip
Bank Account Number	Bank Routing Transit Number (nine digit)

**PLEASE INCLUDE A VOIDED CHECK or confirmation of account information on bank letterhead. When submitting the documentation, it should contain the vendor's name on the account, electronic routing transit number, account number and the bank officer's name and signature. This information will be used to verify your account number.**

**Part IV - Authorization**

I hereby authorize and request the City of Bend, Oregon's Finance Department to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the City of Bend may initiate a reversing entry to recall a previously initiated duplicate or erroneous entry. I understand that, if a reversal action is required, The City of Bend will notify this office of the error and the reason for the reversal.

Date  /   /	SIGNATURE of authorized signer on account:  _____ Print Name _____ Title: _____
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All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made. Invalid account information will be rejected by the vendor's financial institution and generate a notice of change, which is routed through NACHA network to the City of Bend. A notice of change will result in this request being voided and any future payments will be made by check. Payment will be deposited to the account designated within two business days of the scheduled check run date.

Part V – To Be Completed by City Staff Only (Set-up Check List)

Add Bank

Add Account Number

Verify E-mail Address

Turn on EFT

Prenote – Successful Transmission