

Vendor ACH Authorization Form

306 W Main Street

Manton, MI 49663

(231)824-3572

[www.mantonmi.org](http://www.mantonmi.org)

treasurer@mantonmichigan.us

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| **1. Please Check One:** |
| NEW ACH CHANGE ACH CANCEL ACH |

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| **2. Vendor/Payee Information** |
| **Name:** |
| **Address:** |
| **Contact Person’s Name (if other than payee):** |
| **Telephone Number:** |
| **Email Address:** |

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| **3. Financial Institution Information** |
| **Bank Name:** |
| **Bank Address:** |
| **Name on Bank Account:** |
| **Bank Account Number:** |
| **Nine-Digit Bank Routing/Transit Number (ABA):** |
| **Type of Account: Checking Savings** |

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| **4. Approvals/Authorizations -** I certify that the information provided on this form is correct, and I hereby authorize City of Manton Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify City of Manton, treasurer@mantonmichigan.us (231-824-3572) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify City of Manton in writing immediately of any changes in status or banking information. I understand that this authorizationwill remain in full force and effect until City of Manton has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days. |
| Print Name: Signature: Date:  |

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| **Important Information** |
| Please return completed form via email: treasurer@mantonmichigan.usOr mail to: City of Manton, PO Box 100, Manton, MI 49663 |