

ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT PLEASE TYPE or PRINT LEGIBLY NEW REVISION (Please Check One) I authorize the City of Portland, Oregon (the City) to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If the City erroneously deposits funds into said account, I authorize the City and the financial institution to initiate the transaction(s) necessary to correct the error. This authorization will remain in effect until the City has received written notification from me of its termination and the City has had reasonable opportunity to act upon it. Name of the Vendor/Payee Last four (4) digits of either business Social Security Number **OR** Tax Reporting Number Vendor/Payee Address Financial Institution Name (must be based in the US) Financial Institution Routing Number City, State Checking Zip Code **Account Number** Savings Vendor/Payee Contact Name Vendor/Payee E-mail for Vendor Accounts Receivable Department (ACH Deposit Advice will be sent to this address.) Contact Telephone Number ext. Print Name of Authorizing Official Title Phone number of Authorizing Official ext. Authorizer's Signature Date INTERNAL USE ONLY Vendor ID # **Date Processed** Accounts Payable Initials

Please email a PDF of this completed form with a voided check, drawn on the account listed above, to SAPvendor@portlandoregon.gov or mail this completed form with a voided check, drawn on the account listed above, to City of Portland, Attn: Central Accounts Payable, 1120 SW 5th Avenue, Room 1250, Portland Oregon 97204. Please ensure the account number and routing number on the check match this completed form. If you change banks or bank accounts, please provide at least thirty (30) days written notice.