

**CITY OF SEALY, TEXAS
VENDOR ELECTRONIC PAYMENTS PROGRAM**

The City of Sealy can process payments to its vendors via the ACH (Automated Clearing House) banking system. This system speeds up the payment process by avoiding the wait for paper checks to be printed, signatures to be obtained, remittance envelopes to be stuffed, sealed, and stamped, and vendors' payments to make their way through the postal system. The ACH banking system also streamlines the remittance process by electronically depositing funds directly into vendors' bank accounts, thereby eliminating the need to prepare deposits and make trips to the bank. For record keeping purposes, the City can mail, fax, or E-mail a remittance advice to vendors, detailing the invoices that are being paid and the date when the funds will be deposited into their accounts.

If you are interested in participating in this payment processing system, please complete the information below and submit this form to:

**City of Sealy, Texas
ATTN: Finance Department
415 Main Street
P. O. Box 517
Sealy, TX 77474**

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

_____ ("Vendor") sells or will sell goods and/or services to the City of Sealy, Texas. By executing this document, Vendor hereby (1) authorizes the City of Sealy to make payments for goods and services by electronic funds transfer (EFT) through the Automated Clearing House (ACH) system, (2) certifies that he/she/it has selected the following depository institution and directs that all such electronic funds transfers be made as specified below, and (3) certifies that he/she/it will be responsible for providing the City of Sealy with advance notice of any future changes in his/her/its depository institution or other payment instructions.

Vendor's Federal Taxpayer Identification Number: _____

Name of Vendor's Depository Institution: _____

Depository Institution's Address: _____

Depository Institution's Contact: _____ Phone No.: _____

Bank's Routing Transit No. (ABA): _____ Vendor's Bank Account No.: _____

Type of Bank Account: Commercial Checking Personal Checking
 Commercial Savings Personal Savings

Vendor's Contact for EFTs: _____ Phone No.: _____

To receive the details of your electronic payments, please enter the appropriate information for your preferred communication method below:

E-mail Address: _____ **OR** Fax No.: _____

OR Mailing Address: _____

I certify that I am authorized to execute this document on behalf of the vendor whose information appears above.

Authorized Representative's Signature/Date: _____

Printed Name/Title: _____