

City of Topeka ACH Authorization Form

Vendor Information

Vendor Name			
Address			
City	State	Zip	
Contact Name for Payables	Phone	Ext	
E-mail Address for Remittance Advice			

Above named Vendor hereby authorizes City of Topeka to originate Automated Clearing House electronic fund transfer (EFT) credit entries to Vendor's account, as indicated below, for payment.

Banking Information

Name on Bank Account	Bank Name
Bank Routing Number	Bank Account Number

Savings

Checking/Demand Account

If any changes are made to your banking information, please notify the **City immediately in written form**. Please note if you fail to notify us prior to a payment it may take us up to 30 days to reissue the payment. If you have any questions please call 785-368-3970.

Vendor Authorization:

Authorized Signature

Date

Authorized Printed Name

Title

Please complete the above form and return to:

Email to: accounts payable@topeka.org
 Fax to: 785-368-3975
 Mail to: City of Topeka
 Attn: Accounts Payable
 215 SE 7th St, Room 358
 Topeka, KS 66603

Official City Use

Vendor Number	Entered by	Date Entered in System
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