



**CITY OF MIAMI SUPPLIER DIRECT DEPOSIT (ACH) AUTHORIZATION**

Supplier Number (if known) \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

FEIN/TIN/SSN \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

**Direct Deposit/ACH Action Request (check one):**

Start    Change    Stop

**Checking Account Information**

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

**Voided Check Attached**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Signature above signifies agreement with the terms and conditions on the back of this form*

**Instructions**

This authorization form for Direct Deposit/ACH Deposit must be completed and signed by an authorized representative of the Supplier requesting deposit. You must attach a copy or original (marked void) of your bank check. To indicate the action requested, and account type, place a check mark or an "X" to the left of the appropriate choice.

After the form is completed, signed and the appropriate documents attached, it should be returned to the Finance Department of the City of Miami, 444 SW 2<sup>nd</sup> Ave, 6<sup>th</sup> Floor, Miami, FL, 33130 or faxed to 305-400-5109 or emailed to [payables@miamigov.com](mailto:payables@miamigov.com).

**Authorization**

I hereby authorize and request the City of Miami to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my account at the financial institution named. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination.