



ACH AUTHORIZATION FORM

VENDOR INFORMATION

Vendor Name		Vendor Number	
Address	City	State	Zip
Contact Name	Phone Number		
Email Address for Remittance Notification (REQUIRED)			

FINANCIAL INSTITUTION INFORMATION

Bank Name			
Address	City	State	Zip
Name on Bank Account	ACH Routing Number	Account Number	
Account Type	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	

- Please provide the 9-digit bank routing number from a check. The routing number from a deposit slip will be invalid. A voided check attached to this form will help ensure that all numbers are transposed properly.
- Please notify us immediately in writing with any bank or account changes.

Certification:

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above name company, hereby authorize the City of Chamblee to electronically deposit payments to the designated bank account. This authority remains in full force until written notice is received by The City of Chamblee.

Authorization:

Authorized Name Signature Date

Please Email or Mail completed form along with a voided check to: payables@chambleega.gov

A voided check or bank confirmation letter is required to process ACH FORM.

City of Chamblee
 Accounts Payable
 3518 Broad Street
 Chamblee, GA 30341