

City of Racine  
Accounts Payable Department  
730 Washington Avenue  
Racine, WI 53403  
Phone 262-636-9145 or 262-636-9510  
Fax 262-636-9548



### AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name: \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_

Complete this section for **new enrollments** or for **financial institution** or **account changes**.  
**Please attach a copy of a voided check.**

Select one:       New Enrollment       Financial Institution  
or Account Change

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

Account Type:       Checking Account       Savings Account

I, the undersigned, authorize the City of Racine to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until the City of Racine, WI receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (printed): \_\_\_\_\_

Mail the completed form to the address above or fax to 262-636-9548

**For City of Racine use only**

Vendor Number: \_\_\_\_\_ Date Received: \_\_\_\_\_