



VENDOR AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

(DEPOSIT)

I hereby authorize **The City of Cape Coral** to initiate deposit entries to my checking/saving account indicated below.

This authority is to remain in effect until **The City of Cape Coral** has received written notification from the vendor of its termination, in such time and in such manner as to afford the company a reasonable opportunity to act on or until **The City of Cape Coral** has sent me ten (10) days written notice of **The City of Cape Coral's** termination of the agreement.

VENDOR NAME _____	DATE _____	
REMIT TO ADDRESS _____		
CITY _____	STATE _____	ZIP _____
CONTACT NAME _____		PHONE # _____
EMAIL ADDRESS _____		(Required for notification of funds deposited to your account and listing of invoices paid)
TAX PAYER ID # _____		
SIGNATURE _____		
TITLE _____		

BANK _____			
BANK ADDRESS _____			
CITY _____	STATE _____	ZIP _____	PHONE # _____
ACH ROUTING NUMBER _____			
(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)			
ACCOUNT NUMBER _____			

Please return this form to:

Lisa Nalepka
City of Cape Coral – Finance Department
PO Box 150027
Cape Coral, FL 33915-0027

For questions or additional information, email lnalepka@capecoral.net or call:
Lisa Nalepka (239) 574-0499; fax number (239) 574-0734