



## VENDOR AUTHORIZATION AGREEMENT

### FOR ELECTRONIC FUNDS TRANSFER (Deposit)

The City of Cape Coral is offering Vendors the opportunity to receive payments electronically. This free service enables businesses to receive payment by direct deposit and allows for faster receipt compared to a paper check.

☐ NEW ☐ CHANGE ☐ CANCEL

Vendor Name: \_\_\_\_\_

Remit Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Taxpayer ID: \_\_\_\_\_

(Required for notification of funds deposited to your account and listing of invoices paid)

BANK NAME: \_\_\_\_\_ Type: ☐ Checking ☐ Savings

BANK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME ON BANK ACCOUNT: \_\_\_\_\_

ACH ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)

BANK NAME: \_\_\_\_\_ Type: ☐ Checking ☐ Savings

BANK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME ON BANK ACCOUNT: \_\_\_\_\_

ACH ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)

I certify that the information provided on this form is correct, and I hereby authorize the City of Cape Coral Accounts Payable Department to electronically deposit payments to the bank account designated above. It is my responsibility to notify the City of Cape Coral Accounts Payable Department immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the City of Cape Coral Accounts Payable Department in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the City of Cape Coral Accounts Payable Department has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME & TITLE \_\_\_\_\_

Please return form via email at [accountspayable@capecoral.gov](mailto:accountspayable@capecoral.gov)

Please direct questions to Justin Garrabrants at [jgarrabr@capecoral.gov](mailto:jgarrabr@capecoral.gov) or (239) 574-0427

Updated Jan 2024

If modifying a current EFT, provide BOTH banking information. If a NEW EFT, leave "CURRENT" section blank

Current EFT Info

New EFT Info