



## CITY OF COPPELL

### Electronic Funds Transfer (EFT) Payment Authorization

City of Coppell Account Number: \_\_\_\_\_  
*(the account number or customer number your company has assigned us)*

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

Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Vendor Email for ACH  
payment notification: \_\_\_\_\_

***Please fill in the checking account information below for EFT payment:***

New EFT set-up

Bank Change

Local Depository Bank: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Authority is hereby given to the City of Coppell (Coppell) to initiate credit entries to the account shown above for any payments the Vendor authorizes Coppell to credit through electronic funds transfer.

The person executing this Agreement on behalf of Vendor represents that he or she has the authority to authorize the credit to the above account on behalf of Vendor and that all necessary administrative procedures, policies, and laws prerequisite have been complied with. This authority shall remain in full force and effect until the City of Coppell receives written notification of a change.

\_\_\_\_\_  
Name of Authorized Representative (printed)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**ALL FIELDS MUST BE COMPLETED FOR THIS DOCUMENT TO BE VALID**