



**CITY OF GRAND RAPIDS
COMPTROLLER'S OFFICE
ACH/EFT ENROLLMENT FORM**

SECTION 1: TO BE COMPLETED BY SUBMITTING VENDOR (PLEASE PRINT OR TYPE LEGIBLY) INSTRUCTIONS ON PAGE 2

ACTION					
NEW		CHANGE		CANCEL	
TAXPAYER ID TYPE (CHECK ONE)		TAXPAYER ID NUMBER		CITY VENDOR NUMBER (If known)	
FEIN		SSN			
LEGAL NAME OF ENTITY OR INDIVIDUAL			VENDOR dba/PAYEE NAME		
VENDOR MAILING ADDRESS			DAYTIME TELEPHONE NUMBER WITH AREA CODE		
CITY		STATE		ZIPCODE	
VENDOR CONTACT NAME AND TITLE				FAX NUMBER	
E-MAIL ADDRESS				PHONE NUMBER	

SECTION 2 BANK INFORMATION: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME		IF CHANGE - PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS (Street, City, State and Zip code)			
ABA ROUTING NUMBER		IF CHANGE - PLEASE INDICATE PREVIOUS ABA ROUTING NUMBER	
ACCOUNT NUMBER		IF CHANGE - PLEASE INDICATE PREVIOUS ACCOUNT NUMBER	
FINANCIAL INSTITUTION TELEPHONE NUMBER		INCLUDED WITH APPLICATION (CHECK ONE) REQUIRED	
ACCOUNT TYPE (SELECT ONE ONLY)		<input type="checkbox"/> VOIDED CHECK <input type="checkbox"/> LETTER FROM YOUR BANK*	
CHECKING		SAVINGS	
* Bank letter must include the vendor/company name, complete bank account and routing number, bank representative's signature, name, and date signed.			

SECTION 3: VENDOR AUTHORIZATION

I hereby authorize the City of Grand Rapids to initiate electronic funds transfer(EFT) to the checking/saving account named above.
I hereby cancel my ACH/EFT authorization.

I certify that I am an authorized signer of the above named account with authority to issue the following instructions: I hereby authorize the City of Grand Rapids, on or after the date below, to make payments by direct deposit to the above- named Financial Institution and to initiate (if necessary) debit entries or adjustments for any credit that is made in error, duplicative, or otherwise incorrect. This authority will remain in full force until the Office of the City Comptroller receives, at the address listed below, a written notice properly executed by an authorized singer of the above-named account which clearly terminates the authorization granted herein.

* Changes to account information for a vendor which are submitted using this form will immediately terminate the original authorization

PRINT OR TYPE NAME OF VENDOR/AUTHORIZED REPRESENTATIVE	PRINT TITLE OF VENDOR/AUTHORIZED REPRESENTATIVE
AUTHORIZED VENDOR/ REPRESENTATIVE SIGNATURE	DATE

SECTION 4: MAILING INSTRUCTIONS

RETURN COMPLETED FORM AND DOCUMENTATION (Voided check or Bank Letter) TO:

Mail: City of Grand Rapids, Attn: Accounts Payable 7th Flr, 300 Monroe Ave NW, Grand Rapids MI 49503
 FAX: (616) 456-3347

SECTION 5: ADMINISTRATIVE USE ONLY

EFT Activation Date: _____	Authorized by (signature): _____
Bank Test Date: _____	Vendor ID number: _____