



Direct Deposit Authorization Agreement

(PLEASE PRINT OR TYPE)

VENDOR INFO

VENDOR/INDIVIDUAL NAME _____ VENDOR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

VENDOR TYPE

INDIVIDUAL PARTNERSHIP CORPORATION

TAX ID # / SOC. SEC. # _____ PHONE # _____

I hereby authorize the City of Madison and the Financial Institution named below to deposit money due me by electronic transfer to my account. If amounts to which I am not entitled are deposited into my account, I authorize the City of Madison to direct my Financial Institution to return them, upon proper notice to me. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that the City of Madison may withhold any amounts owing to me until such amount is repaid.

ACCOUNT TYPE

Name of Financial Institution _____

Transit/Routing # _____

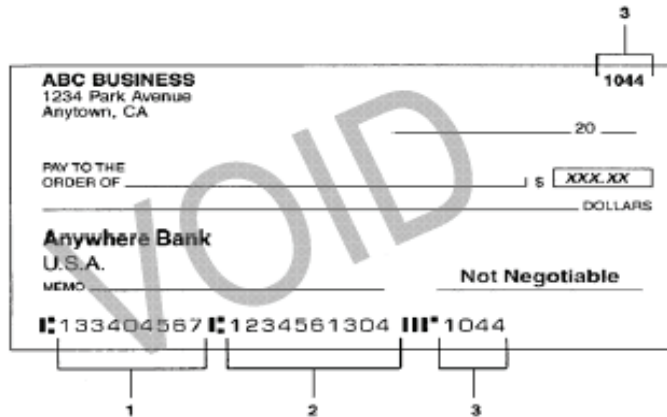
Account # _____

CHECKING SAVINGS

This authority is to remain in full force and effect until the City of Madison has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act. This authorization may be revoked at any time by the City of Madison. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

Authorized Signature _____ Date _____

Printed Name of Signer _____



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Note: Attach a voided blank check or account deposit slip for your bank account to validate account information provided.