



City of Kansas City, Missouri Vendor ACH Application

Return completed form to:

City of Kansas City, Missouri
Accounts Payable Section
414 E. 12th Street, 3rd Floor
Kansas City, MO 64106

Section A: Vendor Information

Description of Request: <input type="checkbox"/> New <input type="checkbox"/> Change		ID Type: <input type="checkbox"/> Taxpayer ID <input type="checkbox"/> Employee ID	
Vendor Name:		Phone:	
Address:			
City:	State:	Zip Code:	
Taxpayer ID or Employee ID Number:		City Vendor Number:	
Email Address for Notification of Payment:			

Section B: Financial Institution Information

Financial Institution Name:		Phone:	
Address:			
City:	State:	Zip Code:	
Financial Institution Routing Number:		Account Number:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Section C: Financial Institution Certification (to be completed by the financial institution)

I certify that the above depositor routing number and account number to be true and accurate for the vendor shown in Section A. **(In lieu of this certification, attach a voided check or deposit slip)**

Printed Name and Title of Financial Institution Representative:

Signature:	Date:
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Section D: Vendor Authorization

Vendor hereby authorizes the City of Kansas City, Missouri to initiate credit entries to the financial institution and account named in Section B above, and to credit the same such account. Vendor acknowledges that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the City of Kansas City, Missouri has received written notification from Vendor of its termination in such time and in such manner as to afford the City of Kansas City, Missouri and the Financial Institution a reasonable opportunity to respond to such a request.

Vendor hereby cancels this ACH authorization.

Printed Name and Title of Vendor Representative:

Signature:	Date:
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