



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)*

Vendor/Employee Name _____

Vendor No. [Finance Use] _____

I (we) hereby authorize the City of Rancho Mirage, to initiate credit and, if necessary, debit entries and adjustments for any credit entries made in error to my (our): Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (we) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

 I understand that I am responsible for verifying that the deposit has been made with my bank before I make or issue any withdrawals on my account.

By signing below, I (we) acknowledge and agree that if an error occurs resulting in the failure to deposit the disbursement into the designated account, the City's liability shall be limited to the amount of the disbursement. I (we) waive any right to recover any damages I (we) may suffer as a consequence of the failure to deposit the disbursement in the designated account.

Name

Title

Signature

Date

**If you choose ACH Credit, you will no longer receive a paper voucher and/or remittance advice.*



Bank Information

New Enrollment Change Terminate

Financial Institution _____

Branch Name _____

City _____ State _____ ZIP _____

Routing Number _____ Account Number _____

Vendor Information

Contact Name _____

Contact Email _____

Phone Number _____

(Optional) Would you like to receive an e-mail notification with the remittance information sent to you when the transaction is processed? Yes No

Remittance Email _____

Please attach a copy of a cancelled check for our records

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