



Direct Deposit/Electronic Funds Transfer (EFT) ENROLLMENT/CHANGE OF ACCOUNT FORM

INSTRUCTIONS

The City of Portsmouth encourages vendors to accept payments via direct deposit using the Automated Clearing House System (ACH). Each time a payment is made via ACH, the city will notify you with an email from accounts payable@portsmouthva.gov which outlines the details of the payment transmitted.

Form must be typed and submitted to:

E-mail: accounts payable@portsmouthva.gov

Or Mail: City of Portsmouth Department of Finance, 801 Crawford Street, 5th Floor, Portsmouth, VA 23704

SECTION 1 - APPLICATION REQUIREMENT (REQUIRED ITEM)

Submit **one** item with your application. Incomplete applications will not be processed.

- Copy of voided check imprinted with vendor name
- Current bank statement Letter from your bank*

* Bank documentation must contain the vendor/company name, complete bank account and routing number. Bank documentation must also include bank representative's signature, printed name, and date signed.

SECTION 2 - VENDOR INFORMATION (ALL FIELDS REQUIRED)

1. Social Security # or Taxpayer ID #: <i>(As it appears on W-9 Form)</i>	
2. Vendor Name: <i>(As it appears on W-9 Form)</i>	
3. Vendor Address: <i>Number, Street, City, State and Zip Code</i>	
4. Vendor Email Address:	
5. Vendor Telephone Number and Extension:	

SECTION 3 - BANK INFORMATION (ALL FIELDS REQUIRED)

1. Name of Bank:	
2. Name of Account: <i>(Exactly as it appears on Account)</i>	
3. Account Number and Type:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
4. 9-Digit Bank Routing Number: <i>(See bottom of check)</i>	
5. Bank Telephone Number and Extension:	

SECTION 4 - VENDOR SIGNATURE AND AUTHORIZATION (MUST SIGN, PRINT AND DATE)

I confirm my authority, as an authorized signer of the above-referenced bank account, to issue this instruction to credit and debit, via the Automated Clearinghouse, the Account. I authorize the City of Portsmouth to deposit, via Automated Clearinghouse credit entry, all entitled payments to the Account and to initiate, as necessary, Automated Clearinghouse debit entries to adjust any Automated Clearinghouse credit (i) made in error (ii) deposited for an incorrect amount, or (iii) duplicate of a correct payment. The City of Portsmouth will make a reasonable effort to communicate with me to notify me of a debit entry that will be made to the Account. I understand that this authorization will remain in effect until a written instruction, properly executed by me, authorizing cancellation is submitted to the e-mail address above.

Authorized Signature	Print/Type Name	Date (MM-DD-YYYY)