

Date Received

Department of Finance City of Rocky River, Ohio 21012 Hilliard Boulevard Rocky River, Ohio 44116

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS FROM THE CITY OF ROCKY RIVER

- To sign up for electronic payment, please <u>TYPE or PRINT</u> the information requested in **SECTION 1 and 2**. Then sign, date and return it to Department of Finance City of Rocky River.
- Attach a cancelled check for checking accounts or a "spec sheet" from the financial institution for savings accounts.
- Any account changes must be reported to the Department of Finance thirty (30) days prior to actual change.
- Payee must keep the Department of Finance informed of any address and bank changes in order to remain qualified for electronic payments.

Cicci	ionic payments.	SECTION 1	
A.	TYPE OF TRANSACTION: ADD	CHANGE DE	LETE
В.			
	NAME OF COMPANY OR INDIVIDUAL	COUNTY	(AREA CODE) TELEPHONE
	ADDRESS	CITY STATE	ZIP CODE
с.			
	FEDERAL TAX ID OR SOCIAL SECURITY		
		SECTION 2	
A.			
	FINANCIAL INSTITUTION NAME	COUNTY	(AREA CODE) TELEPHONE
	ADDRESS	CITY STATE	ZIP CODE
В.	TYPE OF ACCOUNT SAVINGS CHE	CKING	
	TRANSIT ROUTING / ABA NUMBER		
C.			
	ACCOUNT NUMBER AT ABOVE INSTITUTION		
abov instit	City of Rocky River, Ohio is hereby authorized to inverse and also debit entries, if necessary, for any credit authoritied above is hereby authorized to credit authority is to remain in effect until revoked in writing	dit entries that are determined or debit the same to said acco	to be in error. Additionally the financial unt named herein.
Applica	ant Signature		
Type N		Date V This Line – For City Use O	nly

Vendor ID Number

Initials

Date Entered