City of Las Vegas
Vendor ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Not to be used for Payroll Direct Deposit)

Please return to: City of Las Vegas, Attn: Finance Dept., 495 S. Main St, Las Vegas NV, 89101.

Please Attach a Voided check for account number verification

Are you currently a City of Las Vegas employee: ___Yes ___No

Type of Authorization: _____ New _____ Change

Name on Account: _____

Phone #: _____

E-Mail Address for Remittance Information: _____

NEW **Financial Institution Name:** _____

Address: _____

City/State/Zip: _____

Routing #: _____ **Bank Account #:** _____

Phone #: _____ **Bank Contact Name:** _____

Bank fax #: _____

Type of Account: **Checking** _____ **Savings** _____

PRIOR if change is requested

Financial Institution Name: _____

Address: _____

City/State/Zip: _____

Routing #: _____ **Bank Account #:** _____

Phone #: _____

Type of Account: **Checking** _____ **Savings** _____

EFT Authorization Agreement:

I hereby authorize the City of Las Vegas, hereinafter referred to as Company, to initiate direct deposit of payment of invoices to my account and to initiate, if necessary, adjustments of any deposits made in error to my account. This authority is to remain in full force and effect until the Company has received written notification from you, the vendor, in such time and in such manner as to afford Company and the designated bank a reasonable opportunity to act.

I hereby authorize the Financial Institution mentioned above to release any information requested by the City of Las Vegas in order to validate the account information given in this form.

_____ _____

Print Name **Title**

_____ _____

Signature **Date**

Original Signature required – Do not send a copy

Note: It may require 20 working days to validate your information through the banking system.