

City of Oregon
Request for Vendor Electronic Funds Transfer (EFT)
Authorization Form

New

Change

Section One: Vendor Contact Information		Section Two: Vendor Banking Information	
Vendor Name:	Bank Name:		
Vendor Name as shown on bank account (if different from above):	Bank Address:		
Address:	City/State/Zip:		
City/State/Zip:	Bank Routing Number:		
Contact Person:	Bank Account Number:		
Telephone Number:	Account Type: ___checking ___savings	City Use Only Date: Vendor #: Bank Code:	
Email Address:	FTI Number:		

Voided check, copy of check or bank letter is required to process enrollment

If information supplied above is a change request, please provide the following information:

Previous Bank Name:

Previous Bank Address:

Previous Bank Routing Number:

Previous Bank Account Number:

Account Type: ___checking ___savings

Section Three: EFT Email Notification

Notification of EFT payments will be sent as a pdf file via email when a payment has been issued, to the email address listed above.

To ensure that EFT Notifications are delivered to the email address provided, please add dlevy@ci.oregon.oh.us to your address book.

Section Four: Authorization Agreement - Please read and sign your name below.

I hereby authorize the City of Oregon (hereinafter "City"), to initiate credit entries to the account at the bank listed above for all vendor payments. This agreement will remain in effect until I notify the City of the desire to cancel or change this service or until the City notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries by the City of Oregon to such account and to credit the same to such account. If the City credits more money than the correct payment amount to the account, due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same date of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error), the City will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law.

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit Payments.

Date:	Signature	Title
	Printed Name	Phone Number

Send the completed form, voided check and/or bank letter to the City of Oregon at:

City of Oregon Attn. Finance Department
5330 Seaman Rd
Oregon, OH 43616

Or fax to:
Or email to:

419-691-6303
dlevy@ci.oregon.oh.us