



CITY OF LAKE JACKSON

25 OAK DRIVE • LAKE JACKSON, TEXAS 77566-5289 • 979-415-2400 • FAX 979-297-9804

March 25, 2011

CITY OF LAKE JACKSON VENDORS

Re: Electronic Payment Authorization

The City of Lake Jackson is trying to reduce cost; and part of that effort is having as many payments as possible processed by Electronic Funds Transfer (EFT). If you would like us to process your future payments by EFT, please complete and return the enclosed original *Electronic Payment Authorization* form to:

City of Lake Jackson
Accounts Payable Department
25 Oak Drive
Lake Jackson, TX 77566

Should you have any questions regarding this authorization form, please call accounts payable @ 979 415 2447.

Regards,

P.R. Shaffer

Accounts Payable Clerk

979 415 2447 –office

979 415 2547 –fax

pshaffer@lakejacksontx.gov

City of Lake Jackson

ELECTRONIC PAYMENT AUTHORIZATION

INSTRUCTIONS

This form is for Vendors of the City of Lake Jackson who wish to request payments by electronic funds transfer for goods or services provided to the City of Lake Jackson.

- All information provided on this form must be complete.
- It is important that the address and phone number for your Bank or financial institution be included.
- The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly.
- Please confirm these numbers with your financial institution's operations manager.
- Please provide the e-mail address for receipt of the EFT remittance notification.

TERMS AND CONDITIONS

This authorization will remain in effect until withdrawn in writing with sufficient notice to the City of Lake Jackson to allow adequate time to effect termination. The City of Lake Jackson will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may make changes to the information on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated.

This form authorizes the City of Lake Jackson to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. Such entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

City of Lake Jackson
ELECTRONIC PAYMENT AUTHORIZATION

Please complete this form and return to:

City of Lake Jackson Accounts Payable
25 Oak Drive
Lake Jackson, TX 77566

PAYEE INFORMATION:

EFT FINANCIAL INSTITUTION INFORMATION:

<i>Federal Employer Identification Number (FEIN) or SSN</i>
<i>Vendor Name and Address:</i>
<i>Contact Person:</i>
<i>Phone Number:</i>
<i>Fax Number:</i>
<i>Email Address:</i>

<i>Bank's ABA (routing) Number:</i>
<i>Bank Account Number:</i>
<i>Bank Account Type:</i> <i>Checking: _____ Savings: _____</i>
<i>Account Name: _____</i>
<i>Name and complete address of Bank or financial institution:</i>
<i>Bank Phone Number:</i>
<i>Depositor Contact Person</i>

These payment instructions are authorized, and the terms and conditions for Electronic Funds Transfer payments on the reverse of this form are accepted by:

<i>Printed Name:</i>

<i>signature/title</i> <i>date</i>

ORIGINALS of this form must be returned to the address above. **NO FAXES WILL BE ACCEPTED.**