

NOTE: Please verify the **ACH Routing Number** with your bank. The **ACH Routing Number** may be different than the routing number on a business check.

AUTHORIZATION

I _____
(vendor), hereby authorize **The City of St. Cloud** to initiate deposit entries through ACH to the vendor checking account indicated in this agreement.

This authority is to remain in full force and effect until the City of St. Cloud has received written notification from the vendor of its termination, in such time and in such manner as to afford the City of Saint Cloud a reasonable time to act on or until the City of St. Cloud sends a ten (10) days written notice to the vendor terminating the agreement.

(Print Name of Authorized Vendor Official)

(Title)

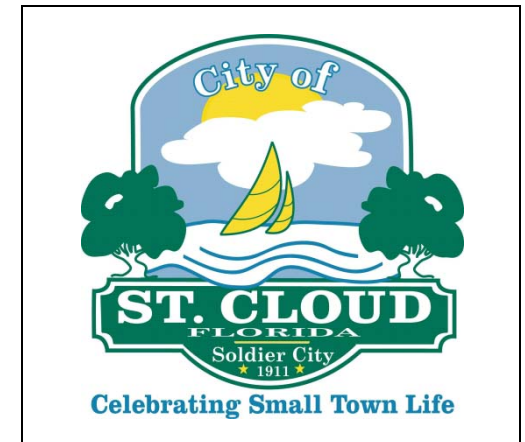
(Signature of Authorized Vendor Official)

(Date)

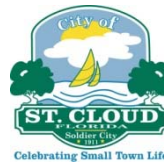
(Telephone)

Finance Use Only
Setup By
Verified By

CITY OF ST. CLOUD
GET YOUR INVOICE
PAYMENT FASTER



Vendor
Electronic
Payment
Authorization



City of St. Cloud
1300 Ninth Street, Bldg B, 3rd Floor
St. Cloud, FL 34769-3339
Ph: (407) 957-7314 • Fax (407) 957-7335
Email: EFT-Form@stcloud.org

VENDOR PAYMENT THROUGH ELECTRONIC FUND TRANSFER

The City of St. Cloud, offers two methods to pay a vendor electronically.

1. A Purchasing Card (P-Card) – This payment method enhances and expedites a vendor payment. Vendors may receive payment for goods or services provided to the City as soon as the goods or services are shipped, delivered and accepted by the appropriate department. A vendor no longer has to wait the period established under the Florida Statute, Prompt Payment Act to receive payment for an invoice.
2. Automated Clearing House (ACH) – Under this payment method a vendor receives payment for an invoice directly to the vendor's checking account. No more standing in line to deposit City of St. Cloud checks. Payments are processed in accordance with the Florida Statute, Chapter 218, Local Government Prompt Payment Act.

To receive payment using these methods please complete the following information and have an appropriate official signed the authorization section.

VENDOR INFORMATION					
VENDOR:	_____				
ADDRESS:	_____				
CITY:	STATE:	ZIP:	_____		
CONTACT:	TELEPHONE	_____			
EMAIL:	_____				
FEDERAL EMPLOYER ID	(Email required for ACH deposit and invoice payment notification)				
	CREDIT CARD ACCEPTED		YES _____	NO _____	

VENDOR BANK INFORMATION	
BANK:	_____
ADDRESS:	_____
CITY:	STATE: _____ ZIP: _____
ROUTING NO:	_____
ACCOUNT NO:	_____
(Please confirm the ACH ROUTING NUMBER with your bank)	

Please return this authorization with a **VOIDED CHECK, DEPOSIT SLIP** or **BANK LETTER** confirming the company's; name, address and routing/account number to:

City of St. Cloud, Finance Department
Attn: Accounts Payable
1300 Ninth Street, St. Cloud, FL 34769-3339
Email: EFT-Form@stcloud.org