



# GRAND RIVER • GREAT CITY

La Crosse • Wisconsin

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS) ACCOUNTS PAYABLE VENDOR PAYMENTS

**PAYOR:** City of La Crosse

I hereby authorize the City of La Crosse to initiate credit entries (deposits) and to initiate, if necessary, debit entries\* and adjustments for any credit entries in error to my account or accounts listed below.

\*Debit entries would occur only if a data entry error was made on a voucher check.

Vendor Name (please print): \_\_\_\_\_ Vendor Phone # \_\_\_\_\_

Authorized Signature (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address (required): \_\_\_\_\_

**Financial Institution Name**

**Phone #**

**Routing / ABA No.**

**Account No.**

**Type of Account:**      \_\_\_\_\_ Checking

\_\_\_\_\_ Savings



Routing / ABA  
Number

Account  
Number

**\*\*\*REQUIRED\*\*\***  
Attach a voided check for name and  
account verification

The authority is to remain in full force until the City of La Crosse has received written notification from me of its termination in such time and such manner as to afford the City of La Crosse and the financial institution a reasonable opportunity to act on it. ***I acknowledge that I am responsible for my account number and the Transit / ABA number listed above and indemnify the City against loss or damage from delayed payments resulting from incorrect or incomplete Account and/or Routing / ABA numbers.***

When complete return the form to:

City of La Crosse  
Attn: Finance Dept.  
400 La Crosse St. La Crosse, WI 54601  
call 608-789-7567 w/questions

For Office Use Only		
	Initials	Initials
Bank Code: _____	_____	_____
Vendor #: _____	_____	_____
Banking Information _____	_____	_____
Vendor Contact _____	_____	_____