Accounts Payable
Financial Services Department
900 East Strawbridge Avenue | Melbourne, FL 32901
Phone : (321) 608-7026 | Fax: (321) 608-7048
Website: www.melbourneflorida.org

City of Melbourne
The Harbor City

Authorization Agreement for Automatic Deposit

Tax ID: 59-6000371

I (We) hereby authorize the City of Melbourne to initiate credit entries on the account and financial institution indicated below and authorize the financial institution to credit the same to our account.

This authority is to remain in effect until revoked in writing to the City of Melbourne Finance Department. Account changes must be reported to the Finance Department ***ten (10) days*** *prior to actual change.*

Please fax completed forms to (321) 608-7048

Section I - Vendor information

☐ NEW ☐ CHANGE ☐ INACTIVATE

Vendor Name_____ E-mail_____
(Required for payment notification)

Address_____

Federal Tax Identification Number: ☐☐☐☐☐☐☐☐☐☐ Phone Number: _____
(Required for verification)

Name (Printed) _____ Title _____

Signature _____ Date _____

Section II - Financial Information

☐ NEW ☐ CHANGE ☐ INACTIVATE

Financial Institution Name:_____ Phone Number: _____
(Required for verification)

Address:_____

☐ CHECKING ☐ SAVINGS

Routing Number ☐☐☐☐☐☐☐☐☐ Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name (Printed) _____ Title _____

Signature _____ Date _____

Section III - Old Financial Institution Information

(This section is required if making a change)

Financial Institution Name:_____

Routing Number ☐☐☐☐☐☐☐☐☐ Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Section IV - To be completed by the City of Melbourne Finance Department

Date Received _____

Vendor Number _____

Disbursement Officer Approval _____