

City of O'Fallon
Accounts Payable

EFT Agreement Form

Authorization Agreement

I hereby authorize **City of O'Fallon** to initiate automatic deposits to my account at the financial institution named below. I also authorize **City of O'Fallon** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **City of O'Fallon** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **City of O'Fallon** receives a written notice of cancellation from me or my financial institution, or until I submit a new EFT form to the Accounts Payable Department. **Please note if you change banks or account numbers please fill out a new form and return it with a new voided check to AP. Allow one week to process the new information.**

Employee/Vendor Information

Applicant Name
(Please Print)

Department/Title

Are you a current employee?

Yes

No

Account Information

Name of Financial
Institution:

Routing Number:

Account Number:

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to:

City of O'Fallon
Accounts Payable Dept
100 N Main St
O'Fallon MO 63366