



City of Norfolk EFT /ACH Authorization Agreement Request Form

Authorization Agreement

I hereby authorize the City of Norfolk to initiate electronic credit or deposit entries to my account at the financial institution named below for the purposes of City of Norfolk payment, and if necessary, debit or withdrawal entries and adjustments for any credit entries made in error.

Per National Automated Clearing House Association (NACHA) Operating Rules, the City of Norfolk must send a pre-note zero-dollar test transaction to verify the accuracy of the banking information below. Payments will not be sent electronically until the pre-note process is complete. This generally takes three to five business days. The City of Norfolk will contact you if the pre-note fails.

Further, I agree not to hold the City of Norfolk 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.

How to Revoke your Authorization:

This authority will remain in effect until the City of Norfolk receives a written notice of cancellation and any additional instructions from me or my financial institution, or until I submit a new authorization agreement form to the Department of Finance (FIN-AccountsPayable@Norfolk.gov / #757-664-4062). If a written cancellation or change is requested, I will allow the Department of Finance to act on it.

Account Information

Vendor Legal Business Name _____

Vendor Address _____

Contact Person Name _____

Telephone Number _____

Email Address _____

Email Address (secondary) _____

Name of Financial Institution: _____

- New EFT Enrollment
- Change EFT Enrollment
- Cancel EFT Enrollment

Financial Institution Routing Number: _____

- Checking | Savings

Financial Institution Account Number: _____

Signature

Authorized Signature: _____ Date: _____

Printed name: _____ Title: _____

Authorized Signature: _____ Date: _____

Printed name: _____ Title: _____

PLEASE NOTE: Please include a confirmation of account information on financial institution letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting financial institution letterhead, the bank officer's name and signature is also required. Please ensure that there is no EFT/ACH block on your account for the pre-note verification to be effected and subsequent payments credited.