



AUTHORIZATION AGREEMENT FOR ACH CREDIT TRANSACTIONS

Authorization is hereby granted to the **City of Tulsa, Oklahoma**, hereinafter called **City of Tulsa**,

by _____ (Company/Individual Name) to initiate ACH credit transaction entries to our depository account designated below at the depository financial institution named below, hereinafter called DFI. Authorization is also granted to **City of Tulsa** to initiate, only if required, debit entry adjustments to our depository account at the named DFI in the event a corresponding credit entry by **City of Tulsa** was made in error. Acknowledgement is further made that the **City of Tulsa's** origination of all ACH transactions to our account designated below must comply with the provisions of U.S. law and NACHA Operating Rules and Regulations.

Depository Financial Institution Name (DFI)

Bank Routing Number (DFI)

Address

City/State

Zip

Designated Depository Account Title

Depository Account Number

Depository Account Type: ____ Checking ____ Savings

This authority is to remain in full force and effect until the **City of Tulsa** has received written notification from _____ of its termination in such time and manner as to afford the **City of Tulsa** and the above named DFI a reasonable opportunity to act on such written notification.

Authorizing Party Name/Title (print/type)

Signature of Authorizing Party

Date

Primary Company Contact Phone Number: (____) _____

Tax identification number: _____

E-mail Address (for ACH detail notification): _____

OR

Fax Number (for ACH detail notification): (____) _____

Please note:

- All written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator (**City of Tulsa**) in the manner specified in the authorization.
- Single entry reversals do not require authorization by the receiver.

PLEASE FAX COMPLETED FORM TO 918-699-3329

or

EMAIL TO apinvoices@cityoftulsa.org