



Finance
 3800 University Blvd.
 West University Place, TX 77005
 713.662.5826

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
 AGREEMENT FOR VENDOR PAYMENTS**

PAYOR: City of West University Place

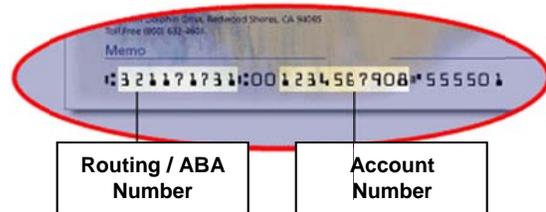
I hereby authorize the City of west University Place to initiate ACH deposits to my bank account.

Financial Institution Name

Bank Phone #

Routing / ABA No.

Account No.



Type of Account: Checking Savings

Note: Please attach a copy of a voided check for account verification or have this form completed by your financial institution.

This agreement is to remain in effect until the City of West University Place has received written notification of its termination in such time and such manner as to afford the City of West University Place and the financial institution a reasonable opportunity to act on it. **This agreement acknowledges that I am responsible for the 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.

Vendor Name (printed):	Phone #:
Authorized Signature:	Date:
Title (printed):	
Address (City/State/ZIP):	
Email address: (required)	

Email to: accountspayable@westutx.gov
Mail to: **City of West University Place**
 Attn: Accounts Payable
 3800 University Blvd.
 West University Place, TX 77005
Fax to: **(713) 662-5804 Fax**
Contact us: **(713) 662-5854 Office**