CITY OF BLOOMINGTON MINNESOTA

ACH Enrollment Authorization Form

Company/Payee Information:					
Company/Payee Name:					
Street Address:					
City:		State:		Zip:	
Contact Information:					
Name:					
Contact email:		Phone:			

Banking Information: (Please attach a voided check or bank confirmation letter)					
Bank Name:					
Bank Routing #:					
Bank Account #:					
Account type (check one):	Checking	☐	Savings	☐	
Email address to send ACH remittance to:					

On behalf of the above-named entity, I have authority to and certify that the information provided on this form is correct. I hereby authorize the City of Bloomington to make payment of written claims submitted to the City of Bloomington by electronic deposit to the account designated above. It is my responsibility to notify the city immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the city in writing of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the city has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it. I understand that this authorization may take longer than fourteen (14) business days under certain circumstances.

I hereby declare that written claims submitted to the City of Bloomington are and will continue to be just and correct, and that no written claim shall be submitted where such claim has already been paid. If any written claim submitted to the city has already been paid, I hereby authorize the city to electronically deduct from this account, after notice is given, any funds paid on a previous claim. The city is not responsible for any bank overdraft fees caused by a form filled out incorrectly.

Payee's Authorized Signature:		**Date:**	

Return completed form, voided check or bank confirmation, and a copy of W9 to:

US Mail:

City of Bloomington

Attn: Accounts payable

1800 W. Old Shakopee Road

Bloomington, MN 55431

-or-

Email:

ap@bloomingtonmn.gov

If you have questions, please contact Account Payable , 952-563-4755, ap@bloomingtonmn.gov